

Case Number:	CM14-0048650		
Date Assigned:	06/25/2014	Date of Injury:	07/16/2011
Decision Date:	09/17/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 28-year-old female who reported an injury on 07/15/2011 due to an unspecified mechanism of injury. On 12/19/2013 she reported pain in the left wrist rated at a 7/10. A physical examination of the wrist revealed no evidence of dorsal mask, sensation was intact, no instability, and no swelling was present. Her medications included Naproxen and tramadol. Past treatments included medications, electrical stimulation, physical therapy, and acupuncture sessions. The treatment plan was for Naprosyn 550 mg twice a day #60. The Request for Authorization form was signed on 01/22/2014. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Naprosyn 550mg bid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: On 12/19/2013 the injured worker reported pain in the left wrist. The documentation showed she had a diagnosis of history of dorsal ganglion. The California MTUS

Guidelines state that specific recommendations for the use of NSAIDs include osteoarthritis including the knee and hip at the lowest dose for the shortest period in patients with moderate to severe pain. They are also recommended for acute exacerbations of chronic back pain and chronic low back pain. Based on the clinical information submitted for review, the injured worker did not have any of the diagnosis for which an NSAID would be recommended. In addition, there was a lack of documentation stating the length of treatment with this medication and objective functional improvement with treatment. Furthermore, the requesting physician failed to mention the frequency of the medication within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.