

Case Number:	CM14-0083479		
Date Assigned:	07/21/2014	Date of Injury:	08/21/2012
Decision Date:	09/10/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 67-year-old female who reported an injury on 08/21/2012. The injury reported was when the injured worker was hit in the mouth by a patient while working. The diagnoses included lumbar disc displacement without myelopathy, sprain/strain of the neck, post-traumatic stress disorder, depression with anxiety, unspecified major depression, and generalized anxiety disorder. Previous treatments included medication. Diagnostic studies included MRI. In a clinical note dated 05/01/2014 it was reported the injured worker complained of neck and low back pain. She complained of pain radiating into her right arm and low back with pain radiating into her right leg. Upon the physical exam the provider noted the injured worker ambulated with an antalgic gait. The provider requested naproxen, and diclofenac sodium 1.5%. However, the rationale was not provided for clinical review. However, the Request for Authorization was submitted and dated 05/01/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium - Anaprox 550mg, qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 66, 67 Page(s): 66, 67.

Decision rationale: The request for naproxen sodium, Anaprox 550 mg quantity 90 is non-certified. California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory drugs for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend the lowest dose for the shortest period of time in patients with moderate to severe pain. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the injured worker has been utilizing the medication since at least 05/2014. The request submitted failed to provide the frequency of the medication. Therefore, the request is no medically necessary.

Diclofenac Sodium 1.5%, 60gm, qty 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs, page(s) 111-112 Page(s): 111-112.

Decision rationale: The request for diclofenac sodium 1.5%, 60 g #1 is not medically necessary. The California MTUS Guidelines recommend topical NSAIDs for the use of osteoarthritis and tendinitis, in particular that of the knee and/or elbow and other joints that are amenable. Topical NSAIDs are recommended for short-term treatment of 4 to 12 weeks. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the treatment site. Additionally, the injured worker has been utilizing the medication since at least 05/2014. Therefore, the request is not medically necessary.