

Case Number:	CM14-0195653		
Date Assigned:	12/03/2014	Date of Injury:	09/02/2009
Decision Date:	01/20/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/21/2014

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 Family Medicine and is licensed to practice in California. 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:

This is a 51 years old female patient who sustained an injury on 9/2/2009. She sustained the injury when she was struck by pallet and she fell to the ground. The current diagnoses include lumbar sprain, chronic right lateral epicondylitis, bilateral knee contusion, right wrist tendonitis and status post right ankle and right shoulder surgery with chronic pain. Per the doctor's note dated 10/21/14, she had complaints of persistent discomfort more so on the lateral elbow and the shoulder, on the right side, bilateral knee discomfort, right ankle discomfort and low back pain. The physical examination revealed bilateral knees negative McMurray's, negative valgus and varus instability, and a negative anterior drawer sign, joint line tenderness and occasional crepitation with full range of motion. The lumbar spine showed a negative straight leg raise, negative Fabere, and no guarding or spasms; tenderness in the paraspinal muscles with flexion of 80 degrees, extension 20 degrees, and right and left bending of 20 degrees. The right ankle showed tenderness anteriorly and laterally with no swelling with a negative anterior drawer sign and good range of motion. The right shoulder showed tenderness anteriorly and laterally with flexion and abduction to 160 degrees, internal and external rotation to 80 degrees, adduction to 40 degrees, and extension to 20 degrees; 5-/5 motor strength with the right elbow having tenderness at the lateralepicondyle with equivocal Cozen's with no laxity and good supination and pronation. The medications list includes Ultram, Naprosyn and Paxil. Diagnostics include extremity EMG/NCS dated 9/2/2009 with normal findings; EMG/NCS dated 8/15/12 which revealed moderate right carpal tunnel syndrome; MRI right shoulder dated 3/31/2010 which revealed arthropathy with mild supraspinatus tendinosis and partial bursal surface frying; MRI lumbar spine dated 3/2/11 which revealed moderate degenerative disc disease L4-LS level consisting of slight disc space narrowing, mild disc desiccation and mild to moderate posterior broad based disc bulge with central disc protrusion; MRI right ankle dated 3/2/11 which revealed

a prominent vein present within the tarsal tunnel and evidence of compression of the posterior tibial nerve along the course of this prominent vein in the tarsal tunnel indicating tarsal tunnel syndrome resulting of the compression of the posterior tibial nerve; MRI right elbow dated 3/5/12 and 2/27/13 which revealed moderate lateral epicondylitis and mild tendinosis of the insertion of the triceps tendon on the olecranon; right knee MRI dated 8/15/12; MRI lower extremity dated 10/24/12 with normal findings; and MRI right wrist dated 8/15/12 which revealed a type II lunate with mild marrow edema a the proximal pole of the hammate suggesting possible hamatolunate impingement, minimal fluid at the tendon sheath of the second extensor compartment suggestive of minimal tenosynovitis change. She had undergone right ankle surgery and right shoulder acromioplasty with Mumford procedure. She has a history of depression due to the injury and has been treated with psychological counseling and psychotropic medications. She has had physical therapy visits and corticosteroid injection for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications, NSAIDs Page(s): 22, 67.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAIDs). CA MTUS guidelines on page 67 states NSAIDs are recommended for, "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." Per the submitted medical records, the patient had chronic low back pain with right shoulder, elbow, bilateral knee and ankle discomfort with history of right ankle and surgery. NSAIDs are considered first line treatment for pain and inflammation. Therefore, request is medically necessary.

Paxil 30mg #30 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tricyclic Anti-Depressants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (Selective Serotonin Reuptake Inhibitors) Page(s): 107.

Decision rationale: Paxil contains paroxetine which is a selective serotonin reuptake inhibitor (SSRI). According to the CA MTUS chronic pain guidelines cited below SSRIs are "Not recommended as a treatment for chronic pain, but SSRIs may have a role in treating secondary

depression. It has been suggested that the main role of SSRIs may be in addressing psychological symptoms associated with chronic pain." She had chronic pain with a history of depression due to injury and treated with psychiatric counseling and psychotropic medications. Therefore, request is medically necessary.