

Case Number:	CM14-0198520		
Date Assigned:	12/08/2014	Date of Injury:	02/06/2009
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/25/2014

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 Occupational 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:

The injured worker is a 36 year old male who claims a work related injury on 02/07/2009 when he was moving printing press plates and felt a tingling sensation in the left upper extremity that progressed from that point. Per the physician notes from 10/13/14 he complains of increased pain in the past 45 days with increasing difficulty in extending and flexing his arm. He had in EMG in 2009 with reported ulnar neuropathy. He had ulnar nerve surgery (transposition) in the latter part of 2009 but had continued pain, even with 4-5 months of rehab. He returned to work after rehab, but in May of 2013 was placed on disability status. He is considering repeat surgery with ulnar nerve repositioning. He reports pain level as 7/10 all located in his left elbow, has decreased power in the ulnar digits, loss of sensation and coordination with his left hand. He says the pain medication helps him be functional and reduce his pain. His regimen included Hydrocodone, naproxen, Xanax, and Restoril. His diagnosis is ulnar neuropathy. Exam shows pain in the left forearm with resistance and decreased sensation to light touch, pinprick, and temperature along he left medial forearm. NCS 7/9/14 showed an incomplete proximal left ulnar neuropathy with denervation. The treatment plan includes a multimodal approach to create maximum recovery from this injury. The plan is for surgery, gym membership for exercise purposes, continued medications, and psychiatric support. The requested treatment is Naproxen. This treatment was denied by the Claims Administrator on 11/14/2014 and was subsequently appealed for Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 tab orally bid prn with food for 30 days #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Specific Drug List.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: Per the CA MTUS chronic pain treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain secondary to osteoarthritis. There is no evidence to recommend one drug in this class over another based on efficacy. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The patient has persistent pain in the left elbow without change, (7/10 each visit with pain management) despite medication regimen. Although the record states that the Naproxen, in addition to other medications, keeps him functional and the pain controlled partially, there is no objective evidence of this. His pain appears to be neuropathic in nature, with burning noted by some accounts, as well as aching discomfort at the elbow itself. The guidelines allow for treatment of chronic pain with NSAID for osteoarthritis in that area. As noted, evidence does not exist for treating neuropathic pain long-term but may be used for breakthrough, as opposed to regular long-term dosing. The medication is not medically necessary, and the denial is upheld.