

Case Number:	CM15-0005416		
Date Assigned:	01/16/2015	Date of Injury:	03/23/2012
Decision Date:	03/24/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care Medicine

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 34-year-old female who reported injury on 03/23/2012. The mechanism of injury indicated the injured worker was trying to grab a container full of soap and was pushing it and felt left shoulder pain. The surgical history was not provided. Prior therapies included rest, ice, inflammatory medications and muscle relaxants, and physical therapy. The diagnostic studies were not provided. The documentation of 12/10/2014 revealed the injured worker had pain of 2/10. The diagnosis included left shoulder sprain and strain and cervical sprain and strain. The treatment plan included a home exercise program, TENS unit, heat therapy, Naproxen for mild pain, and Flexeril prn for spasms, as well as 2 TENS unit patches. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of objective functional benefit with use of the medication. The injured worker had utilized the medication for an extended duration. There was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg #60 is not medically necessary.

TENS patches x2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 114-117.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 114-116.

Decision rationale: The California MTUS recommends a one month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. The clinical documentation submitted for review indicated the injured worker was utilizing the TENS unit for pain control. However, there was a lack of documentation of objective functional improvement with the use of the device. Given the above, the request for TENS patches x2 is not medically necessary.