

Case Number:	CM15-0107729		
Date Assigned:	06/12/2015	Date of Injury:	03/06/2014
Decision Date:	07/13/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 48-year-old female, with a reported date of injury of 03/06/2014. The diagnoses include left arm pain, left upper extremity torsion injury, and left shoulder impingement syndrome and acromioclavicular arthropathy. Treatments to date have included physical therapy for the left shoulder, left wrist/hand, and left elbow; an MRI of the left shoulder on 06/18/2014 which showed mild rotator cuff tendinosis and mild biceps tenosynovitis within the bicipital groove; oral medications; left shoulder surgery on 04/03/2015; an MRI of the cervical spine on 02/20/2015 which showed broad-based protrusions present at C4-5 and C5-6 with minimal narrowing of the central canal at the C5-6 level; an MRI of the cervical spine on 01/16/2015; an x-ray of the left elbow on 03/07/2014 with negative findings; oral medications; a wrist brace, and an injection to the left shoulder. The medical report dated 03/02/2015 indicates that the injured worker returned for an evaluation of her left upper extremity. She said that the shoulder injection helped with about 10% pain relief. Another injection was given on the day of the visit. The left elbow was as painful as the left shoulder which was as painful as the left wrist. The objective findings include tenderness over the lateral epicondyle, pain with extension against resistance, and diffuse tenderness of the wrist. The treating physician recommended left shoulder arthroscopy. It was noted that the Naprosyn caused NSAID-induced dyspepsia. The treating physician requested Relafen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Relafan 500 mg #60: Overturned

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): 67-69.

Decision rationale: MTUS Guidelines support the use of NSAID medication for conditions associated with inflammation, which this individual has. The Guidelines also support trials of different NSAID's if there are side effects associated with a particular one. The Guidelines do not mandate detailed functional improvements to justify use of NSAID's. The Relafan 500mg #60 is supported by Guidelines and is medically necessary.