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| <b>Case Number:</b>   | CM15-0162721 |                              |            |
| <b>Date Assigned:</b> | 08/31/2015   | <b>Date of Injury:</b>       | 01/09/2014 |
| <b>Decision Date:</b> | 10/16/2015   | <b>UR Denial Date:</b>       | 07/21/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/19/2015 |

### 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 40 year old female, who sustained an industrial injury on 1-9-2014. The mechanism of injury is injury from lifting a 60 pound box. The current diagnoses are medial collateral ligament instability of the left elbow and cubital tunnel syndrome. According to the progress report dated 7-14-2015, the injured worker complains of left medial elbow pain with numbness in the ulnar three digits, particularly with elbow flexion. The pain is described as sharp, stabbing, throbbing, and aching. The pain is noted as severe, rated 10 out of 10 on a subjective pain scale. The physical examination of the left elbow reveals moderate tenderness about the medial condyle and severe tenderness about the medial collateral ligament in the course of the ulnar nerve, markedly positive Tinel's percussion test at the cubital tunnel, positive elbow flexion test for cubital tunnel, 2+ laxity of the medial collateral ligament, hypoesthesia in the ulnar distribution, and weakness of the ulnar nerve. The current medications are Hydrocodone-Ibuprofen, and Tylenol PM. There is documentation of ongoing treatment with Hydrocodone-Ibuprofen (NSAID) since at least 2-25-2015. Treatment to date has included medication management, x-rays, physical therapy, splinting, MRI studies, and cortisone injections. Plan of care includes left elbow reconstruction. Work status is described as modified duty since at least 2-25-2015. A request for Naproxen has been submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #30:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement, but the patient is apparently able to perform modified work with taking the medication. This meets the criteria requirements in the MTUS. I am reversing the previous UR decision. Naproxen 500mg #30 is medically necessary.