Case Number:	CM15-0183196		
Date Assigned:	09/24/2015	Date of Injury:	04/06/2010
Decision Date:	10/30/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/17/2015

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:

This 57-year-old woman sustained an industrial injury on 4-6-2010. Evaluations include a cervical spine MRI dated 6-7-2013 and 2-23-2015, lumbar spine MRI 2-23-2015, right shoulder MR Arthrogram dated 3-20-2015, electromyogram and nerve conduction studies of the bilateral upper extremities dated 1-7-2014 and 3-12-2015, and electromyogram and nerve conduction studies of the bilateral lower extremities dated 3-13-2015. Diagnoses include cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches, lumbar spine musculoligamentous injury with right lower extremity radicular symptoms, medication induced gastritis, right shoulder internal derangement status post surgery, and right brachial plexus injury with chronic regional pain syndrome. Treatment has included oral and topical medications, physical therapy, self-directed physical therapy, and cervical spine epidural steroid injections. Physician notes dated 6-18-2015 show complaints of cervical spine pain with radiation to the right upper extremity and low back pain with radiation to the right lower extremity with profound weakness. The physical examination shows tenderness to palpation of the cervical spine musculature with multiple trigger points and tight bands. Range of motion is documented as flexion 30 degrees, extension 30 degrees, bilateral lateral bend 30 degrees, bilateral rotation 60 degrees, bilateral shoulder range of motion shows flexion 90 degrees right 180 degrees left, extension bilateral 50 degrees, abduction right 90 degrees left 180 degrees, adduction bilateral normal, internal rotation right 45 degrees left 90 degrees, and external rotation right 45 degrees and left 90 degrees. Deep tendon reflexes prove normal and symmetric at the biceps and 1+ out of 2 at the triceps and brachioradialis with the left side stronger. Strength is normal for the

bilateral upper extremities. Sensory examination shows decreased to Wartenberg pinprick wheel along the posterior lateral arm and lateral forearm and the medial aspect of the arm, Jamar grip strength is right 0-1-1 and left 20-15-20. The lumbar spine shows no evidence of scoliosis or increased thoracic kyphosis, tenderness to palpation at the lumbar paravertebral musculature and sciatic notch region, trigger points and taught bands are found throughout, and there is an antalgic gait that favors the right. Range of motion is noted to be flexion 45 degrees, extension 15 degrees, bilateral lateral bends 20 degrees, deep tendon reflexes 2+ and symmetric to the patellae and absent at the achilles tendon, muscle strength is normal and symmetric for knee flexion and ankle flexion, knee extension is bilateral 4 out of 5, ankle extension and great toe extension is 3 out of 5 on the right and 4 out of 5 on the left. Sensory examination shows decreased Wartenberg pinprick wheel along the posterior lateral thigh, lateral calf, and dorsum of the foot, right greater than left. Straight leg raise is significantly positive on the right at 45 degrees and the left at 60 degrees. Recommendations include trigger point injections (administered during this visit), Anaprox, Prilosec, Norco, Lidoderm patch, Topamax, spine surgery consultation, and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg Qty 60 (retrospective DOS 8/12/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported, therefore, the request for Anaprox DS 550 mg Qty 60 (retrospective DOS 8/12/2015) is determined to not be medically necessary.