

Case Number:	CM15-0205337		
Date Assigned:	10/22/2015	Date of Injury:	03/10/2014
Decision Date:	12/11/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/20/2015

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: Family Practice

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 46 year old female, who sustained an industrial injury on 3-10, 2014. Several documents in the provided medical records are difficult to decipher. The injured worker was being treated for cervical and lumbar sprain and strain, right ulnar neuritis and subluxation with enlargement of the ulnar nerve, and right wrist De Quervain's and mild carpal tunnel syndrome. The injured worker (6-22-2015, 7-24-2015) reported joint pain. The injured worker (9-15-2015) reported ongoing moderate, frequent, sharp pain of the neck with pain radiating down the bilateral arms, right greater than left. She rated the pain as 6-7 out of 10. In addition, she reported ongoing moderate, frequent, sharp pain of the right elbow with numbness and tingling into the right ring and little fingers, rated 7-8 out of 10. The physical exam (6-22-2015, 7-24-2015, 9-9-2015) reveals decreased right wrist flexion, extension of 42, and right bending of 10. The physical exam reveals tenderness of the medial and lateral joint lines of the right elbow, right elbow flexion of 130 and extension of 0 degrees, positive Tinel's at the right wrist and elbow, positive Finklestein's at the right wrist, and decreased sensation of the 3rd -5th fingers. Per the treating physician (6-19-2015 report), a nerve conduction study (7-9-2014) revealed right carpal tunnel syndrome and x-rays of the lumbar spine (10-15-2014) revealed minimal spurring. Per the treating physician (6-22-2015 report), an MRI (5-2-2015) revealed C5-6 (cervical 6-7) disc protrusion with stenosis and osteophyte. Surgeries to date have included a right carpal tunnel release in 2014. Treatment has included physical therapy, acupuncture, a home exercise program, work restrictions, a wrist-forearm-elbow brace, a right carpal tunnel steroid injection, and medications including Fexmid, Prilosec, Lyrica, and Anaprox DS (since at least 4-2015). Per

the treating physician (9-15-2015 report), the injured worker is temporary totally disabled. On 9-15-2015, the requested treatments included Anaprox DS 550mg Qty: 60.00 (retrospective DOS 9/15/15). On 10-5-2015, the original utilization review non-certified a retrospective request for Anaprox DS 550mg Qty: 60.00 (DOS 9/15/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 9/15/15) - Anaprox DS 550mg Qty: 60.00: Overturned

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the injured worker has positive physical examination findings that would support the request for a first line anti-inflammatory medication. It should be noted that non-steroidal anti-inflammatory medications should be used at the lowest effective dose for the shortest possible duration to reduce the risk of gastrointestinal and cardiovascular side effects. The request for Retrospective (DOS 9/15/15) - Anaprox DS 550mg Qty: 60.00 is medically necessary and appropriate.