MAXIMUS Federal Services

Case Number:	CM15-0212804		
Date Assigned:	11/03/2015	Date of Injury:	07/23/2010
Decision Date:	12/15/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/29/2015

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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 41-year-old female who sustained an industrial injury on 07-23-2010. Medical records indicated the worker was treated for right elbow lateral epicondylitis and had right elbow surgery 12-2014. In the provider notes of 09-25-2015, the worker is seen in follow up for pain in the right wrist and arm. The worker states that she awakens with her right elbow numb down to the fingers. The pain is described as numbness that fluctuates, is random and varies with activity. It increases with movement. On a scale of 0-10, the pain is described as an 8 without medications and a 6 with medications. Almost any movement employed in the activities of daily living aggravates the pain. Symptoms are reduced by taking medications and applying ice packs. Objectively, the worker has point tenderness to the elbow and forearm area. Flexion and hyperextension are normal. Resistance is limited, inducing pain to the elbows. Strength is good and there is pain with internal and external rotation of the right forearm. Diagnoses include right shoulder impingement syndrome, right elbow lateral epicondylitis, right hand sprain, strain, right cubital syndrome, chronic right wrist strain, and right chronic tunnel syndrome. Treatment plan is for a tennis elbow support device and prescriptions for Naproxen and Prilosec. A request for authorization was submitted for;1. Naproxen 500mg #602. Prilosec 20mg #30A utilization review decision 10-09-2015 non-approved both requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant a work injury in July 2010 and continues to be treated for right upper extremity pain. In March 2015, Vicodin was being prescribed. In June 2015, medications were decreasing pain from 8/10 to 6/10. Naproxen and omeprazole were prescribed. When seen in September 2015 she had worsening wrist and arm pain. She was having right elbow numbness down to her fingers. Physical examination findings included right elbow tenderness with spasms and pain with resistance testing. Diagnoses were right shoulder impingement, lateral epicondylitis, right cubital and carpal tunnel syndrome, and a chronic strain of the right wrist and hand. Authorization for a tennis elbow support was requested. Naproxen and Prilosec were prescribed. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain. This medication appears to have been as effective as Vicodin, which had been prescribed previously. The requested dosing is within guideline recommendations. Prescribing Naprosyn was medically necessary.

Prilosec 20mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant a work injury in July 2010 and continues to be treated for right upper extremity pain. In March 2015, Vicodin was being prescribed. In June 2015, medications were decreasing pain from 8/10 to 6/10. Naproxen and omeprazole were prescribed. When seen in September 2015 she had worsening wrist and arm pain. She was having right elbow numbness down to her fingers. Physical examination findings included right elbow tenderness with spasms and pain with resistance testing. Diagnoses were right shoulder impingement, lateral epicondylitis, right cubital and carpal tunnel syndrome, and a chronic strain of the right wrist and hand. Authorization for a tennis elbow support was requested. Naproxen and Prilosec were prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the claimant has chronic persistent pain. This medication appears to have been as effective as Vicodin, which had been prescribed previously. The requested dosing is within guideline recommendations. Continued prescribing is medically necessary.