

Case Number:	CM15-0039961		
Date Assigned:	03/10/2015	Date of Injury:	06/13/2013
Decision Date:	04/14/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: Physical Medicine & Rehabilitation

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 male, who sustained an industrial injury on 6/13/2013. He reported pain to his right shoulder, neck, and chest wall. The injured worker was diagnosed as having shoulder pain, neck pain, major depressive affective disorder, recurrent episode, unspecified, anxiety, and other pain disorders related to psychological factors. Treatment to date has included surgical (11/11/2014 right submuscular ulnar nerve transposition, ulnar nerve block, right flexor pronator tendon lengthening, and application of a long arm splint) and conservative measures, including medications, diagnostics, physical therapy, and cognitive therapy. Currently, the injured worker complains of chronic right upper extremity pain. Pain was rated 7/10. He reported poor concentration, memory loss, numbness, and weakness. He also reported anxiety and depression. Physical exam noted no edema or tenderness in any extremity. Normal muscle tone was noted in all extremities. Current medications included Naproxen, Protonix, Ducosate sodium, Norflex ER, Gabapentin, Hydrocodone, Cymbalta, and Mirtazapine. Medication refills were requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen 550mg #90 is not medically necessary and appropriate.