

Case Number:	CM15-0051986		
Date Assigned:	03/25/2015	Date of Injury:	10/07/2013
Decision Date:	05/04/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/18/2015

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: Pennsylvania, Ohio, 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 56 year old female, who sustained an industrial injury on 10/07/2013 right posterior thigh pain and buttock pain. On provider visit dated 01/07/2015, the injured worker has reported low back, bilateral thumb and left knee pain. On examination, tenderness to palpation was noted along the left knee joint line, mild swelling noted, she was noted to have antalgic gait and tenderness to palpation over the bilateral thenar regions of both thumbs were noted with pain on range of motion. The diagnoses have included suspected right lumbar facet arthropathy, lumbar degenerative disc disease, low suspicion for right lumbar radiculopathy, bilateral thumb pain and left knee pain. Treatment to date has included functional restoration program, physical therapy, MRI of lumbar spine and left knee, and medication. The provider requested Naproxen Sodium - Anaprox and Escitalopram - Lexapro for symptom management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium - Anaprox 550 MG #90 DOS 3/05/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 22.

Decision rationale: MTUS recommends NSAIDs as first-line treatment for chronic musculoskeletal pain. A prior physician review states that there is no functional benefit documented from Naprosyn; however, this medication was documented as beneficial during a recent formal functional restoration program. The guidelines therefore do support this request; this request is medically necessary.

Escitalopram - Lexapro 5 MG DOS 3/05/15: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs Page(s): 107.

Decision rationale: MTUS recommends SSRIs when treating secondary depression related to chronic pain but not solely as a treatment for chronic pain. The records in this case discuss symptoms of depression for which an SSRI anti-depressant has been prescribed. A prior physician review states that there is no functional benefit documented from Lexapro; however, this medication was documented as beneficial during a recent formal functional restoration program. The guidelines therefore do support this request; this request is medically necessary.