

Case Number:	CM15-0082010		
Date Assigned:	05/04/2015	Date of Injury:	04/26/2013
Decision Date:	06/09/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/28/2015

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: Florida

Certification(s)/Specialty: Neurology, 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 42-year-old male, with a reported date of injury of 04/26/2013. The diagnoses include cervical musculoligamentous injury, cervical sprain/strain, thoracic myofasciitis, thoracic sprain/strain, lumbar musculoligamentous injury, lumbar sprain/strain, lumbosacral sprain/strain, right shoulder sprain/strain, bilateral shoulder impingement, and left shoulder sprain/strain. Treatments to date have included an MRI of the cervical spine, an MRI of the thoracic spine, an MRI of the lumbar spine, an MRI of the left shoulder, electrodiagnostic studies of the upper and lower extremities, chiropractic treatment, oral medications, physical therapy, acupuncture, and a back support. The initial orthopedic evaluation report dated 03/25/2015 indicates that the injured worker complained of neck pain with radiation to the arms and hands, bilateral shoulder pain, and low back pain with radiation to the legs and feet. He was currently not working. An examination of the cervical spine showed spasm and tenderness over the paravertebral musculature, and discomfort and spasm with cervical range of motion. An examination of the bilateral shoulders showed positive bilateral impingement. An examination of the lumbar spine showed an antalgic gait, tenderness and spasm in the paravertebral muscle, and pain and spasm with range of motion. The treating physician requested Anaprox 550mg #60, with 5 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 with 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID
Page(s): 66.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long-term effectiveness for pain. As such, the medical records provided for review do support the use of Anaprox for the insured, as there is indication of persistent pain despite acetaminophen. Therefore, the request is medically necessary.