

<b>Case Number:</b>	CM15-0082680		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	12/05/2012
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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: Preventive Medicine, Occupational Medicine

### 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 54-year-old male who sustained an industrial injury on 12/05/2012. Mechanism of injury occurred when he was struck on the head by a full metal clothing rack injuring multiple body parts. Diagnoses include chronic head, neck, mid and low back pain, status post closed head injury with blunt trauma head, neck cervical and thoracic spine, unwitnessed loss of consciousness, possible traumatic brain injury, and reactive cervical myofascial pain cervical, thoracic and lumbar musculature, sleep disturbance and memory disturbance. Treatment to date has included diagnostic studies, medications, and physical therapy. The most recent physician progress note dated 01/12/2015 documents the injured worker has complaints of chronic neck, bilateral shoulder and back pain. He has memory disturbance and sleep disturbance and as additional problems. He rates his pain as a 10 on a scale of 0 to 10, and he reports his pain may decrease to a 9 at its best. It is described as throbbing, shooting, stabbing, sharp, dull, burning, electrical and numbing and pins and needles. He is currently not taking any medications. He has limited cervical range of motion. His upper extremity range of motion appears to be full. He has a slow but deliberate gait pattern. He has tenderness on palpation with muscle spasm extensively on the right greater than the left sub occipital and cervical paraspinal extending into the upper thoracic, mid thoracic and low thoracic as well as the lumbar region. The treatment plan included a follow up office visit. Treatment requested is for Naproxen 500mg #60 with three refills, and outpatient physical therapy two times a week for 6 weeks for myofascial release to unspecified body part.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with three refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has not been prescribed any medications since at least Jan/2015. He is seeing a new physician for the first time in a different location who was unable to review previous records, there is no evidence of a trial of pain control with acetaminophen, therefore, the request for Naproxen 500mg #60 with three refills is determined to not be medically necessary.

**Outpatient physical therapy two times a week for 6 weeks for myofascial release to unspecified body part:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Section Page(s): 98, 99.

**Decision rationale:** The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified; receive 9-10 visits over 8 weeks. In this case, the injured worker has previously completed 2 X 6 physical therapy visits for the same complaints with no stated subjective benefit. The request for outpatient physical therapy two times a week for 6 weeks for myofascial release to unspecified body part is determined to not be medically necessary.