

Case Number:	CM15-0084760		
Date Assigned:	05/07/2015	Date of Injury:	10/29/2014
Decision Date:	06/08/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/04/2015

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: Connecticut, California, Virginia
 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 31-year-old female, who sustained an industrial injury on 10/29/2014. She reported that while assisting a client into a vehicle she felt a pulling sensation in her lower back with intermittent pain that radiated to the groin. The injured worker was diagnosed as having lumbar spine sprain/strain and left elbow sprain/strain. Treatment to date has included x-rays of the lumbosacral spine, medication regimen, use of moist heat, use of ice, use of a lumbar/sacral support, and chiropractic therapy. X-ray from 10/29/2014 noted a normal lumbar spine. In a progress note dated 03/18/2015 the treating physician reports complaints of pain to the low back and the left elbow with the back pain radiating to the feet along with numbness. The pain to the left elbow radiates to the left small finger with numbness and tingling. The injured worker also notes spasms and swelling to the affected areas along with sleep difficulty secondary to pain. The treating physician also notes tenderness to thoracic ten through twelve, lumbar three through five, and the lumbar sacral region along with left medial epicondyle tenderness, a positive Tinel's sign, and a decreased range of motion. On 10/29/2014, the treating physician's first report noted a prescription for Ibuprofen but did not indicate the effectiveness of this medication with regards to functional improvement or with a pain level on a pain scale. The treating physician requested the medication Naproxen 500mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on NSAIDs previously, the quantity of medication requested is not medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.