

Case Number:	CM15-0086606		
Date Assigned:	05/08/2015	Date of Injury:	12/05/2011
Decision Date:	06/09/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/05/2015

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, 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 57 year old female, who sustained an industrial injury on December 5, 2011 while working as a flight attendant. The injury occurred when the injured worker was removing large bottles of water from the catering cart and injured her right wrist. The injured worker has been treated for right wrist, right elbow and right shoulder complaints. The diagnoses have included right carpal tunnel syndrome, right wrist strain and status post carpal tunnel release with exacerbation. Treatment to date has included medications, radiological studies, wrist brace, electrodiagnostic studies, acupuncture treatments, physical therapy, occupational therapy and right carpal tunnel release surgery. Current documentation dated March 30, 2015 notes that the injured worker reported constant achy right wrist and hand pain which often became a sharp, shooting and burning pain. Associated symptoms included weakness, cramping, numbness and tingling in the right hand and fingers. The injured worker also noted occasional pain and weakness in the right shoulder and right elbow which she felt was traveling from the wrist. She also noted numbness and tingling of the right arm. No objective findings were provided. The treating physician's plan of care included a request for the medication Oxaprozin 600 mg #180 (90 day supply).

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of Oxaprozin 600mg (90 Days supply): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for 180 Tablets of Oxaprozin 600mg (90 Days supply), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Oxaprozin is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested 180 Tablets of Oxaprozin 600mg (90 Days supply) is not medically necessary.