

Case Number:	CM15-0089647		
Date Assigned:	05/14/2015	Date of Injury:	09/20/2010
Decision Date:	06/19/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/11/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 44 year old female, who sustained an industrial injury on 09/20/2010. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having myofascial pain along the right shoulder, epicondylitis laterally on the right arm, tenosynovitis along the right forearm, right wrist joint sprain, numbness and tingling along the right arm, depression, sleep disorder, and stress secondary to chronic pain, and development of early trigger finger on the long finger on the right side. Treatment and diagnostic studies to date has included medication regimen and nerve conduction study. In a progress note dated 04/08/2015 the treating physician reports tenderness to the elbow on the right sided, tenderness to the right carpal tunnel, along with a positive Tinel's to the right carpal tunnel and early triggering to the long finger on the right hand. The progress note did not indicate the injured worker's current medication regimen, but the medical records did indicate prior use of the medications Nalfon 400mg and Naproxen 550mg. The documentation did not indicate the injured worker's pain level as rated on a pain scale prior to use of this medication regimen and after use of this medication regimen to indicate the effects with the use of the injured worker's medication regimen. The documentation noted that the injured worker is currently working approximately 20 to 40 hours and is attempting to perform chores at home, but avoiding forceful activities such as reaching overhead at home or work. The treating physician requested Nalfon 400mg with a quantity of 60, Naproxen 550mg with a quantity of 60, and Trazodone 50mg with a quantity of 60, citing Medical Treatment Utilization Schedule Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nalfon (fenoprofen calcium) 400 mg #60 prescribed 4-8-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Nalfon 400 mg # 60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Nalfon. Nalfon is not medically necessary.

Naproxen 550 mg #60 prescribed 4-8-15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDs have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn 550 mg #60 is not medically necessary.