

Case Number:	CM14-0101703		
Date Assigned:	09/24/2014	Date of Injury:	09/15/2012
Decision Date:	10/24/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation & Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 35-year-old female who reported an injury on 09/15/2012. The injured worker reportedly sustained multiple injuries when she was robbed at gunpoint. The current diagnoses include cervical spine sprain/strain, bilateral knee patellofemoral arthritis, bilateral forearm/wrist tenosynovitis, and bilateral plantar fasciitis. The injured worker was evaluated on 05/19/2014. Previous conservative treatment is noted to include medications and psychiatric treatment. Physical examination revealed tenderness to palpation of the cervical spine with positive Spurling's maneuver, tenderness to palpation of the right shoulder, and tenderness to palpation of the right elbow/wrist. Treatment recommendations at that time included physical therapy and continuation of the current medication regimen of Anaprox DS 550 mg and Norflex 100 mg. A request for authorization form was then submitted on 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Anaprox DS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no documentation of an acute exacerbation of chronic pain. The California MTUS Guidelines do not recommend long term use of NSAIDs. There was also no frequency listed in the current request. As such, the request is not medically appropriate.