

Case Number:	CM14-0182002		
Date Assigned:	11/06/2014	Date of Injury:	04/09/2003
Decision Date:	12/09/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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:

66 yr. old female claimant sustained a work injury on 12/1/04 involving the low back, left shoulder and left wrist. She was diagnosed with left shoulder rotator cuff tear, left wrist carpal tunnel syndrome and multi-level lumbar disc disease. A progress note on 6/13/14 indicated the claimant had tenderness in the left shoulder and wrists with nearly full range of motion. The claimant had been treated with Ultram and Naproxen orally and topically for pain relief. She was also given a wrist brace. A progress note on 9/24/14 indicated the claimant had 7/10 left arm pain. There were no functional improvements. The above medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60 with 3 refills: Upheld

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

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

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for back pain. They are not specified for shoulder or wrist

pain. In this case, the claimant had been on Naproxen for several months with continued pain and no improvement in function. Continued use of Naproxen is not medically necessary.

Naproxen Cream 240gm, with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-112.

Decision rationale: According to the MTUS guidelines, topical analgesics are recommended as an option as indicated below. They are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Topical NSAIDs have not been studied for the shoulder. Short term use for wrist osteoarthritis may be appropriate. The claimant did not have arthritis of the wrist. The topical Naproxen is not medically necessary.

Ultram 50mg, #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 92-93.

Decision rationale: Tramadol is a synthetic opioid affecting the central nervous system. According to the MTUS guidelines, Tramadol is recommended on a trial basis for short-term use after there has been evidence of failure of first-line non-pharmacologic and medication options (such as acetaminophen or NSAIDs) and when there is evidence of moderate to severe pain. Although it may be a good choice in those with back pain, the claimant's pain was in the left shoulder and wrists. In addition, the claimant had been on Tramadol for months without improvement in pain or function. The continued use of Tramadol as above is not medically necessary.