

Case Number:	CM14-0211969		
Date Assigned:	01/02/2015	Date of Injury:	08/26/2014
Decision Date:	03/03/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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: Internal 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 patient is an injured worker with a history of right shoulder sprain and strain, right elbow sprain and strain, and lumbar spine sprain and strain. The occupational pain management consultation evaluation report dated 09/22/2014 documented that the patient states that he developed pain to his right shoulder, right elbow, right arm, neck, back, bilateral feet, and hernia due to repetitive work, gradually since 2004. He states that he began to develop symptoms approximately in 2013. The patient complains of intermittent neck pain associated with headaches and radicular pain into the right upper extremity. The patient complains of constant right shoulder pain with radicular numbness and tingling into the arm, elbow, hand, and fingers. The pain increases with the above shoulder level activities and lifting. The patient complains of constant right elbow pain with swelling, numbness and tingling into the hand and fingers. The pain increases with lifting, carrying, gripping, grasping, pushing, pulling, torquing, and squeezing. The patient complains of constant low back pain associated with muscle spasms. The patient complains of constant bilateral feet pain associated with swelling and giving way weakness. The pain increases with prolonged standing, prolonged walking, and stair climbing. The patient had hernia surgery in 1990 and appendix surgery in 1985. No known drug allergies were noted. The patient has no history of arrhythmia, myocardial infarction, chest pain, or palpitations. The patient has no history of peptic ulcer disease, diarrhea, constipation, or irregular bowel system. Physical examination were documented. The patient is a normal-appearing male ambulating with a normal gait, in no acute distress. The patient has tenderness to palpation to the right shoulder along the joint line. He has decreased range of motion. The patient has pain and

decreased range of motion of the right elbow. The patient has tenderness to palpation with positive Kemp's test. Diagnostic impressions were right shoulder sprain and strain, right elbow sprain and strain, lumbar spine sprain and strain, and lumbar spine muscle spasm. The patient sustained work-related injury on a continuous trauma basis from August 26, 2012 through August 26, 2014. Treatment plan included physical therapy, Naproxen 550 mg, and Norco 5/325 mg. The treating physician's progress report dated 11/26/14 documented cervical spine, lumbar spine, right shoulder, right elbow, right knee, left knee, right foot, and left foot complaints. Physical examination was documented. There is no swelling, atrophy, or lesion present at the cervical spine. There is tenderness to palpation of the bilateral trapezius, cervical paravertebral muscles, and left trapezius. There is muscle spasm of the bilateral trapezii, cervical paravertebral muscles and left trapezius. Spurling's is positive. There is no bruising, swelling, atrophy, or lesion present at the lumbar spine. There is tenderness to palpation of the bilateral sacroiliac joints and lumbar paravertebral muscles. There is muscle spasm of the bilateral gluteus and lumbar paravertebral muscles. Sitting straight leg raise is positive. There is no bruising, swelling, atrophy, or lesion present at the right shoulder. There is tenderness to palpation of the anterior shoulder, lateral shoulder and posterior shoulder. There is muscle spasm of the anterior shoulder, lateral shoulder and posterior shoulder. Impingement is positive. There is no bruising, swelling, atrophy, or lesion present at the right elbow. There is tenderness to palpation of the anterior elbow, lateral elbow, medial elbow and posterior elbow. There is muscle spasm of the lateral forearm, medial forearm and volar forearm. Cozen's is positive. There is no bruising, swelling atrophy, or lesion present at the right knee. There is tenderness to palpation, of the anterior knee, medial knee and posterior knee. There is muscle spasm of the anterior knee, medial knee and posterior knee. McMurray's is positive. There is no bruising, swelling, atrophy, or lesion present at the left knee. There is tenderness to palpation of the anterior knee, medial knee and posterior knee. There is muscle spasm of the anterior knee, medial knee and posterior knee. McMurray's is positive. There is no bruising, swelling, atrophy, or lesion present at the right foot. There is no bruising, swelling, atrophy, or lesion present at the left foot. Diagnoses cervical sprain strain, lumbar radiculopathy, right shoulder sprain strain, right elbow sprain and strain, right knee sprain and strain, left knee sprain and strain, right foot sprain and strain, and left foot sprain and strain. The treatment plan included prescriptions for Naproxen 550 mg, Protonix, Zolpidem, and Norflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 181; 212; 271; 308; 338; 376.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) states that NSAIDs are recommended for neck, back, knee, ankle, foot, shoulder, forearm, wrist, and hand complaints. Medical records document the diagnoses of cervical sprain strain, lumbar radiculopathy, right shoulder sprain strain, right elbow sprain and strain, right knee sprain and strain, left knee sprain and strain, right foot sprain and strain, and left foot sprain and strain. ACOEM guidelines support the use of Naproxen, which is an NSAID, for neck, back, knee, ankle, foot, shoulder, forearm, wrist, and hand conditions. Therefore, the request for Naproxen 550 mg #60 is medically necessary.