

Case Number:	CM14-0085799		
Date Assigned:	07/23/2014	Date of Injury:	05/10/2013
Decision Date:	06/10/2015	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/09/2014

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This 32-year-old woman sustained an industrial injury on 5/10/2013. The mechanism of injury is not detailed. Diagnoses include cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis and right shoulder parascapular strain/mild impingement. Treatment has included oral medication and home exercise program. Physician notes on a PR-2 dated 5/1/2014 show complaints of right shoulder popping, clicking and weakness that have been unchanged as well as low back pain. Recommendations include right shoulder ultrasound, continue home exercise program, Ultram, Anaprox DS, Prilosec, Sonata, and follow up in four to six weeks.

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 Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The injured worker sustained a work related injury on 5/10/2013. The medical records provided indicate the diagnosis of cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis and right shoulder parascapular strain/mild impingement. Treatment has included oral medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Anaprox DS 550mg #60. Anaprox is a non-steroidal anti-inflammatory drug containing Naproxen. The MTUS recommends the lowest dose for the shortest period in patients with moderate to severe pain. The medical records indicate the injured worker's use of this medication predates 01/2014; besides, taking this medication, the injured worker is taking another NSAID, Advil (Ibuprofen), as an OTC medication. The injured worker has gastric side effects of the medication for which the worker is taking prilosec. This request is not medically necessary.

Sonata 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Zaleplon (Sonata) and Insomnia treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Insomnia treatment.

Decision rationale: The injured worker sustained a work related injury on 5/10/2013. The medical records provided indicate the diagnosis of cervical spine musculoligamentous sprain/strain with right upper extremity radiculitis and right shoulder parascapular strain/mild impingement. Treatment has included oral medication and home exercise program. The medical records provided for review do not indicate a medical necessity for Sonata 10mg #30. Sonata is non-benzodiazepine sedative-hypnotics. The MTUS is silent on this medication. The Official Disability Guidelines does not recommend pharmacological treatment of insomnia beyond 7-10 days: the guidelines states, "Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness". The records indicate the injured worker has been using this medication since 09/2014. This request is not medically necessary.