

Case Number:	CM15-0105567		
Date Assigned:	06/09/2015	Date of Injury:	10/08/2007
Decision Date:	07/14/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/01/2015

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: California

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:

The injured worker is a 44 year old female, who sustained an industrial injury on 10/08/2007. Per the Utilization Review and medical records the date of injury is listed as 12/04/2001. Diagnoses include chronic pain syndrome, cervicgia, low back pain, right shoulder impingement syndrome, tendinitis, right carpal tunnel syndrome, depression, rule out cervical radiculopathy and chronic insomnia. Treatment to date has included surgical intervention, physical therapy, medications including Kadian, Hydrocodone/APAP, Ambien, Lidoderm, Gabapentin, Lexapro and Naprosyn and icing. Per the Pain Management Progress Report dated 4/29/2015, the injured worker reported pain in the neck, bilateral shoulders, thoracic spine, right elbow, bilateral hands, and bilateral low back. Physical examination revealed radicular symptoms in the bilateral upper extremities with tingling hands and sharp pain in the wrists bilaterally. The plan of care included refill of medications. She is noted to be stable on her medications since 2011. Authorization was requested for Naprosyn and Hydrocodone/APAP.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg, #60 x3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naprosyn 500mg, #60 x 3 is not medically necessary.

Hydrocodone/Acetaminophen 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Hydrocodone/Acetaminophen, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 24 months. Hydrocodone/Acetaminophen 10/325mg, #240 is not medically necessary.