

Case Number:	CM15-0014909		
Date Assigned:	02/02/2015	Date of Injury:	10/22/2014
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 male with a work injury dated 10/22/2014. He states he was driving a pickup truck when it was struck by another vehicle. He states he had an immediate onset of pain in his neck, left hand and middle/lower back. He presented on 12/01/2014 complaining of neck pain radiating into the shoulders and upper back. He was also experiencing frequent headaches. He rates pain as a 4/10. He is also experiencing frequent pain in the left wrist/hand with numbness and tingling as well as swelling of the hand and fingers. He also admitted to middle and lower back pain radiating down his legs. Physical exam noted tenderness in the cervical and thoracic region. There was tenderness in the lumbar spine. Gait was normal. Diagnosis was lumbar spine strain, lumbago, left joint pain and Cervicalgia. Prior treatments include physical therapy and pain medications. On 12/23/2014 the request for topical creams and Naprosyn was non-certified. MTUS, ACOEM and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Topical Creams: 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); Topical Analgesics

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 Page(s): 60, 111-113.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck pain after an MVA. Guidelines recommend that when prescribing medications only one medication should be given at a time. By prescribing multiple topical medications, in addition to the increased risk of adverse side effects, it would not be possible to determine whether any derived benefit is due to a particular component. Therefore, the requested multiple topical medications are not medically necessary.

Naprosyn: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG); Pain NSAIDs (non-steroidal anti-inflammatory drugs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 68-71.

Decision rationale: The claimant is more than 6 months status post work-related injury and continues to be treated for radiating neck pain after an MVA. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.