

<b>Case Number:</b>	CM15-0023905		
<b>Date Assigned:</b>	02/13/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/09/2015

### 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: Connecticut, California, Virginia  
 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 11/15/2011. She reported cumulative trauma from housekeeping duties. The injured worker was diagnosed as having right carpal tunnel syndrome, right lateral epicondylitis, right De Quervain's tenosynovitis, neck pain, and limitation of motion in the right shoulder joint. Treatment to date has included steroid injections, physical therapy, right carpal tunnel release in 8/2013, acupuncture, electromyogram and nerve conduction studies of the right upper extremity in 2/2014, and medications. A new patient consultation note, dated 12/03/2014, noted complaints of neck pain and right upper extremity pain, along with numbness in her right arm. Pain was rated 7-8/10 with medication and 9/10 without. No medications were documented as being used. She stopped working in 8/2013 and was temporarily totally disabled. The treatment recommendation was for cervical magnetic resonance imaging and Naproxen. On 12/10/2014, the injured worker complained of unchanged pain levels. Her pain was documented as relieved by changing position and with use of Lidoderm patches. It was documented that Naproxen was not adequately controlling pain, with a recommendation to add Tramadol and continue Lidoderm patches. Cervical magnetic resonance imaging authorization was pending.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67, 68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70.

**Decision rationale:** The MTUS recommend NSAIDs as a treatment option for short-term symptomatic relief. Besides the well-documented side effects of NSAIDs (to include gastrointestinal complications, cardiovascular risks, etc.), there are other less well known effects of NSAIDs that must be considered, including possible delayed healing in the soft tissues, including muscles, ligaments, tendons, and cartilage. Given the chronicity of pain in this worker, with lack of objective evidence to support functional and pain improvement on the medication, the quantity of medication requested cannot be deemed medically necessary without further evidence of efficacy/benefit outweighing the potential risks of long-term treatment.

**MRI of the cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

**Decision rationale:** Per the MTUS ACOEM Guidelines, MRI may be considered in cases where red flags are present or in cases where evidence of tissue injury or neurologic dysfunction are present, failure has occurred in a strengthening program to avoid surgery, or to clarify anatomy prior to operative intervention/invasive procedures. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic exam are sufficient evidence to warrant imaging studies if symptoms persist. When the neurologic exam is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case there is no provided indication of neurologic dysfunction that is evidential of need for MRI in the face of failed conservative treatment, and therefore, per the guidelines, the request for MRI is not considered medically necessary.