

Case Number:	CM14-0148035		
Date Assigned:	09/18/2014	Date of Injury:	07/03/2012
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/11/2014

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. The expert reviewer is Board Certified in Occupational Medicine is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, elbow pain, and wrist pain reportedly associated with an industrial dog bite injury of July 3, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; anxiolytic medications; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated August 15, 2014, the claims administrator denied a request for Naprosyn and Valium. The applicant's attorney subsequently appealed. In a clinical progress note dated September 5, 2014, the applicant reported persistent complaints associated with elbow pain, forearm pain, knee pain, and foot pain. The applicant apparently had issues with ulnar neuropathy, it was stated. Prescriptions for Naprosyn, Flexeril, and Valium were apparently endorsed while the applicant was placed off of work, on total temporary disability. In an earlier note dated February 21, 2014, the applicant was again placed off of work, on total temporary disability. The applicant's medication list at that point in time included Valium, Protonix, Flexeril, and Naprosyn. It was stated that the applicant was having a variety of severe pain complaints, multifocal, about the forearm, low back, knee, hand, etc. The applicant was also having issues with memory lapses, it was further stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Chronic Pain Medical Treatment Guidelines, page 22, Antiinflammatory Medications topic.2..

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such as Naprosyn do represent a traditional first time of treatment for various chronic pain conditions, including the chronic multifocal pain syndrome reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant is off of work, on total temporary disability. The applicant's pain complaints are consistently described as severe, despite ongoing Naprosyn usage. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.

Diazepam 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Benzodiazepines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Valium may be appropriate "for brief periods," in cases of overwhelming symptoms, in this case, however, it appears that the applicant has been using diazepam for a span of several months, for what appears to be sedative/anxiolytic effects. This is not an ACOEM-endorsed role for diazepam. Therefore, the request is not medically necessary.