

Case Number:	CM16-0247624		
Date Assigned:	12/30/2016	Date of Injury:	10/14/2016
Decision Date:	01/27/2017	UR Denial Date:	12/16/2016
Priority:	Standard	Application Received:	12/27/2016

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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

According to medical records available for review, the injured worker is a 33 year old male, who sustained an industrial injury on 10-14-2016. The injured worker is currently not working. Medical records indicated that the injured worker is undergoing treatment for cervical and lumbar spine strain, blunt head trauma, right hand contusion, and thoracic strain. Treatment and diagnostics to date have included medications. Recently prescribed medications have included Ambien, Naproxen, and Flexeril. Subjective data (11-30-2016) included head, neck, right hand-wrist, and low back pain. Objective findings (11-30-2016) included increased tone with associated tenderness to the cervical paraspinal muscles with guarding and decreased cervical range of motion noted, tenderness to palpation to the right shoulder with restricted range of motion, and tenderness to palpation to the thoracic and lumbar paraspinal muscles with spasms noted. The request for authorization dated 11-30-2016 requested physical therapy treatment 2x4, CT scan of the head, Neurologist consultation, Naproxen 550mg #60, and Flexeril 10mg #30. The Utilization Review report, with a decision date of 12-16-2016, non-certified the request for a CT scan of the head and Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

CT scan of head: Upheld

Claims Administrator guideline: The Claims Administrator based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, CT.

MAXIMUS guideline: The Expert Reviewer based their decision on recommendation(s) outside of the MTUS Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head, CT.

Decision rationale: CA MTUS does not address the use of computed tomography of the head. ODG states that head CT is recommended for cases of abnormal mental status, focal neurologic deficits, or acute seizure AND one or more of the following criteria: Signs of basilar skull fracture; Physical evidence of trauma above the clavicles; Acute traumatic seizure; Age greater than 60; An interval of disturbed consciousness; Pre or post event amnesia; Drug or alcohol intoxication; Any recent history of TBI, including mTBI. Neuroimaging is not recommended in patients who sustained a concussion/mTBI beyond the emergency phase (72 hours post-injury) unless the condition deteriorates or red flags are noted. In this case, the claimant has no abnormal mental status, no focal neurologic deficits and no seizures. There is a history of head trauma, but it is now well beyond 72 hours and there are no red flags or deterioration noted. CT of the head is not medically necessary.

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): General Approach.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2016, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: CA MTUS 2016 guideline state that NSAIDs are recommended for use with precautions against both gastrointestinal and cardiac risks from use. The presence of or development of hypertension or renal dysfunction should also be monitored periodically as therapy may need to be adjusted or discontinued the presence of hypertension or renal dysfunction. NSAIDs should generally be prescribed in the lowest effective dose and repose to therapy in decreased pain and improved function should be documented to continue therapy. In this case, the claimant is taking Naprosyn 550 mg bid with improvement in pain. Naprosyn is prescribed for a one month period for an injury in the subacute management phase. Naprosyn 550 mg #60 is medically necessary.