

MAXIMUS FEDERAL SERVICES, INC.

Independent Medical Review

P.O. Box 138009

Sacramento, CA 95813-8009

(855) 865-8873 Fax: (916) 605-4270



Notice of Independent Medical Review Determination

Dated: 12/12/2013

[REDACTED]

[REDACTED]

Employee:	[REDACTED]
Claim Number:	[REDACTED]
Date of UR Decision:	8/1/2013
Date of Injury:	8/9/2011
IMR Application Received:	8/20/2013
MAXIMUS Case Number:	CM13-0014056

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550MG #60 is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 8/20/2013 disputing the Utilization Review Denial dated 8/1/2013. A Notice of Assignment and Request for Information was provided to the above parties on 10/11/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **Naproxen 550MG #60 is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 treatments and/or services at issue.

Expert Reviewer Case Summary:

The patient is a 44-year-old male who reported injury on 08/09/2011 where the patient was noted to have fallen off a tractor at a height of approximately 5 to 6 feet. The note dated 07/29/2013 revealed the patient was to stop the naproxen. The patient was noted to have pain of an 8 on a 1 to 10 scale. The patient's pain was noted to be in the lumbar region and the patient was noted to walk with an antalgic gait. The patient's diagnoses were stated to be acute onset issues as of 08/09/2011, pain in the low back status post fall, lumbar facet syndrome, lumbar discogenic pain, thoracic myelopathy, chronic pain syndrome, lumbar sprain or strain and lumbosacral radiculopathy. The plan was noted to include naproxen 550 mg #60.

Documents Reviewed for Determination:

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Treatment Utilization Schedule (MTUS)
- Medical Records from:
 - Claims Administrator
 - Employee/Employee Representative
 - Provider

1) Regarding the request for Naproxen 550MG #60:

Section of the Medical Treatment Utilization Schedule Relied Upon by the Expert Reviewer to Make His/Her Decision

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, NSAIDs, GI symptoms, and cardiovascular risk, pages 68, 73, 93-94, which is a part of MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Naproxen, page 66, which is part of the MTUS.

Rationale for the Decision:

The MTUS Chronic Pain Guidelines recommend naproxen for the relief of signs and symptoms of osteoarthritis. Clinical documentation submitted for review indicated the physician stopped the medication. The office note dated 07/29/2013 revealed that the employee had a back surgery in 1992. The physical examination revealed that the employee had greater pain on the lumbar extension than flexion, mainly in the low back with a twinge down the lower extremity on the left and right. The employee was noted to have a positive straight leg raise that was painful with more limited range on retesting. The employee was noted to have a slow stiff gait that was slightly kyphotic and antalgic. The treatment plan was noted to include discontinuation of the naproxen. **The request for naproxen 550 mg #60 is not medically necessary and appropriate.**

Effect of the Decision:

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
1515 Clay Street, 18th Floor
Oakland, CA 94612

/hs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.