

Case Number:	CM13-0033981		
Date Assigned:	12/18/2013	Date of Injury:	10/21/2005
Decision Date:	04/10/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/11/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management and 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:

This is a patient with the date of injury of October 21, 2005. A utilization review determination dated September 5, 2013 recommends noncertification of naproxen. Noncertification is recommended since the patient has been taking the medication since at least July 13, 2013 with no evidence of benefit in terms of pain relief or functional improvement. A urine drug screen dated July 31, 2012 indicates that the patient is using hydrocodone, butalbital, acetaminophen, and tramadol. An agreed medical examination dated August 16, 2006 identifies a treatment plan recommending that light analgesic medication should be made available to the patient along with short courses of physical therapy for prolonged flareups. A report dated December 1, 2013 indicates that there was an approval for naproxen on November 15, 2013 with a subsequent utilization review for Anaprox canceled on November 21, 2013. The note indicates that the patient continues to have pain in his neck and back and is taking medications to help control his pain. The note indicates that the patient is able to perform a home exercise program independently. A progress report dated November 1, 2013 indicates that the patient continues to have pain in the neck and right shoulder. Objective examination findings identify tenderness to palpation in the lumbar and cervical spine. Diagnoses include cervical spondylosis and lumbosacral sprain. The treatment plan recommends Anaprox, Fexmid, Norco, Colace, and Fioricet.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX (NAPROXEN SODIUM 500MG) #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The Expert Reviewer's decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is some identification that the patient's medication improves pain and function allowing him to participate in a home exercise program. It is acknowledged, that there should be more specific documentation with regards to analgesic benefit, specific functional improvement as a result of Naprosyn, and discussion regarding side effects and cardiovascular risk. However, the current request is for one month only, and there is documentation of pain relief and functional improvement. One month of Anaprox should allow the requesting physician time to better document the above information. Therefore, the currently requested Anaprox 500 mg #60 is medically necessary.