

Case Number:	CM13-0052764		
Date Assigned:	12/30/2013	Date of Injury:	11/01/2008
Decision Date:	11/05/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/01/2013

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 and Pain Medicine 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:

The injured worker is a 65-year-old female who reported an injury on 11/01/2008. The mechanism of injury was not submitted for clinical review. Diagnoses included herniated cervical disc with radiculitis, herniated lumbar disc with radiculitis, tendinitis, carpal tunnel syndrome, right hand and wrist, tendinitis or carpal tunnel of the left hand and wrist, right ankle strain, anxiety, depression, left shoulder tendinitis, impingement. Previous treatments included medication, surgery, and physical therapy. Within the clinical note dated 07/26/2013 it was reported the injured worker complained of right shoulder pain. Upon the physical examination, the provider noted the right shoulders range of motion to be flexion at 65 degrees and extension at 35 degrees. The provider requested Naproxen. However, a rationale was not submitted for clinical review. The Request for Authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66-67.

Decision rationale: The request for Naproxen 550 mg #120 is not medically necessary. The California MTUS Guidelines note Naproxen is a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The guidelines recommend Naproxen at the lowest dose for the shortest period of time in patients with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary. There is lack of significant updated physical examination warranting the medical necessity for the request.