

Case Number:	CM13-0054451		
Date Assigned:	12/30/2013	Date of Injury:	01/09/2006
Decision Date:	04/30/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/19/2013

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 Pediatric Rehabilitation Medicine 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 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 patient is a 53-year-old female who reported an injury on 01/09/2006. The mechanism of injury was not provided. The patient is diagnosed with left cervical radiculopathy, central and left foraminal disc protrusion, cervical facet joint arthropathy, cervical sprain, and non-industrial hypertension. The patient was seen by [REDACTED] on 10/07/2013. The patient reported 8/10 pain. Physical examination revealed restricted cervical range of motion; positive provocative maneuvers; spasm at the left trapezius; positive Spurling's maneuver on the left; and 4/5 strength in the left biceps, left pronator teres, and left wrist extensors. Treatment recommendations included a prescription for naproxen 550 mg and Hydrocodone 5/325 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

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

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. It is noted that the patient has previously utilized NSAIDs for chronic pain. However, the patient is currently experiencing a flare up of pain. The patient has utilized Vicodin/APAP and Norco/APAP in the past. Based on the clinical information received and the California MTUS Guidelines, the request for Naproxen 550MG #60 is certified.