

Case Number:	CM13-0066189		
Date Assigned:	01/03/2014	Date of Injury:	10/01/2010
Decision Date:	04/14/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 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 patient is an employee of [REDACTED] and has submitted a claim for myofascial pain and facet syndrome associated with an industrial injury date sustained on November 11, 2000. Treatment to date has included medications, trigger point injections, chiropractic manipulation, and physical therapy. Medical records from 2013 up to January 2014 were reviewed showing the patient complaining of chronic low back pain which limits and hinders activities of daily living such as washing, bathing, dressing, and using the bathroom. Physical exam demonstrated restricted range of motion for the back due to pain. There was tenderness along the lower back. Naprosyn was noted to help with the pain. It was noted in the January 2014 progress note that the patient was indeed having an upset stomach with the medications; the patient had been taking naproxen sodium 550mg twice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROSYN 550 MG BID #60 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46.

Decision rationale: As stated in the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. The January 2014 progress note indicates that the patient has been having upset stomach with the current medications which includes naproxen, the generic name of Naprosyn. This medication has been noted to help the pain; however, the exact functional gains or objective decrease in pain was not clearly documented. The risk versus benefit was not clearly established, given stomach complaints. Alternative medication options were not considered. Therefore, the request is not medically necessary.