

Case Number:	CM14-0003388		
Date Assigned:	05/23/2014	Date of Injury:	06/11/2012
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 44 year old lady who was injured on 6/11/2012. The diagnoses listed are neck pain, low back pain, cervical radiculopathy, upper and lower extremities pain. There are associated diagnoses of insomnia, anxiety and depression. The radiological tests showed degenerative disc disease of the lumbar spine. The NCV /EMG showed right median neuropathy. Acupuncture and Physical Therapy treatments did provide some pain relief. [REDACTED] documented subjective complaints of neck pain radiating down the upper extremities and low back pain. The medications are naproxen for pain, bupropion for depression and Ambien for insomnia. A Utilization Review determination was rendered on 12/19/2013 not medically necessary for naproxen 550mg #100 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG #100 WITH 2 REFILLS-ONE BID: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

Decision rationale: The California MTUS addressed the use of NSAIDs in the treatment of chronic musculoskeletal pain. The chronic use of NSAIDs can lead to cardiovascular, renal and

gastrointestinal complications. It is recommended that the use of NSAIDs be limited to the lowest effective dose for the shortest periods during exacerbations of chronic musculoskeletal pain. The records indicate that the patient had chronic musculoskeletal pain with periods of exacerbations of symptoms. On 3/2/2014, the patient was noted to be in pain. The subjective and objective findings were significantly worsened when the pain medications was withheld. The criteria for the continuation of naproxen 550mg #100 2 refills for use during flare ups of the chronic pain is medically necessary.