

<b>Case Number:</b>	CM14-0005848		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	09/28/2010
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	12/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Minnesota. 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 55 year old female that reported an injury on 09/28/2010 when fifty trays of dough fell on her. The injured worker had a history of dizziness, headaches, neck pain and decreased memory with a reported pain of 10/10 without medication and 6/10 with medication diagnosis of post traumatic head syndrome, status post head and facial contusion, cervical and lumbar strain. The physical examination reveals deep tendon reflexes of 2 plus bilaterally, ankle jerks 1 plus, sensory is intact to pinprick in all four extremities and a tandem gait. The medications include gabapentin one pill twice a day with no dosage given, ibuprofen 600mg with frequency documented. The treatment plan is to include pain specialist, psychologist, reevaluation from a neuropsychologist, and continue with orthopedic. The request for authorization form not in the documentation submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**THERAPROXEN-500:** 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 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) , medication page 599-606.

**Decision rationale:** The California Guidelines MTUS indicate that Naproxen is used for osteoarthritis and recommended at the lowest dose for the shortest period of time for mild to moderate pain. Naproxen is recommended as a second line treatment after acetaminophen. The documentation provided revealed the injured worker was taking ibuprofen 600mg for pain. The Official Disability Guidelines do not recommend the use of theramine. It is a proprietary blend of gamma-amino butyric acid and choline bitartrate, L-arginine and L-serine. This medication is not indicated in current references for pain or inflammatory pain. Per the Official Disability Guidelines there is no indicate for the use of this product and until there are higher quality studies of the ingredients in Theramine is remains not recommended. The documentation did not address a home exercise program, ice, heat to aide in pain relief. The request did not have the duration or the frequency as such the request for Theraproxen 500 is not medically necessary.