

<b>Case Number:</b>	CM14-0010744		
<b>Date Assigned:</b>	02/21/2014	<b>Date of Injury:</b>	09/07/2013
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/27/2014

### 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 Management and is licensed to practice in Tennessee. 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:

This is a 49-year-old male with a 9/07/2013 date of injury. The mechanism of injury is unknown. On 2/16/2014, the patient reported that he has been experiencing a constant pressure in his head all the time. He indicates he has been getting relief with the trigger point injections and his current medications in terms of the frequent neck pain, which varies from 3-7/10 on a pain scale of 1-10 without medications. Objective findings include slightly restricted ranges of motion of the cervical spine. There were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapula, scalene, and infraspinatus musculature. Romberg test was positive, he could not perform tandem gait with his eyes closed. Diagnostic impression: post-traumatic daily headaches, uncontrolled, post-traumatic labyrinths and insomnia, myoligamentous injury of cervical spine. Treatment to date: medication management, activity modification a ur decision dated 1/14/2014 denied the request because there was no documentation of improvement in pain, function, sleep, or depression to warrant the continued use.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETROSPECTIVE NAPROXEN 550MG EVERY 8 HOURS #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Specific Drug List And Adverse Effects Page(s): 73.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Pain Chapter).

**Decision rationale:** CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient does report improvement of his pain with his current medication regimen. However, the request states that this is a retrospective review, but the date of the retrospective is not provided. The review cannot be completed retrospectively if the date for review is not indicated. In addition, there is no evidence of response to previous Naproxen therapy. Therefore, the review, as submitted, for Retrospective Naproxen 550 mg every 8 hours #90 was not medically necessary.