

Case Number:	CM14-0013390		
Date Assigned:	02/26/2014	Date of Injury:	11/14/2013
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/03/2014

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 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 injured worker is a 56-year-old male who reported an injury on 11/14/2013 secondary to a fall. The clinical note dated 12/17/2013 reported the injured worker complained of moderate to severe neck pain rated 8/10, mid back pain rated 7/10, low back pain rated 8/10 with tingling in the low back. The injured worker also reportedly complained of right knee pain rated 4/10. The injured worker also reportedly complained of increased pain in his neck, back, both lower extremities, and right knee with all activities of daily living, as well as interrupted sleep due to pain. The injured worker's medication regimen included Motrin and Norco. The physical examination of the cervical spine and upper extremities revealed muscle spasms, tenderness to palpation of the upper trapezius and paravertebral muscle, negative cervical compression and a negative Spurling's test. The deep tendon reflexes of the biceps, triceps, and brachioradialis were noted to be 2+ bilaterally, the neurological exam was normal for sensation to light touch and motor strength was normal in all major muscle groups of both upper extremities. The physical exam of the thoracic spine noted range of motion to include flexion 25 degrees, left rotation 9 degrees, and right rotation 7 degrees. The physical examination of the lumbar spine and lower extremities revealed tenderness to palpation about the thoracic and lumbar paravertebral muscles and muscle spasms along the quadratus lumborum and gluteal muscles. The lumbar spine range of motion included 32 degrees flexion, 16 degrees extension, 17 degrees left lateral bend, and 17 degrees right lateral bend. The deep tendon reflexes of the ankle and knee were 2+ bilaterally and sensation to pinprick and light touch were normal bilaterally and motor strength is normal in all major muscle groups of the lower extremities. Straight leg raise was negative bilaterally. The diagnoses included cervical spine, thoracic spine, lumbar spine, right knee sprain/strain. The treatment plan included recommendations for physical therapy, acupuncture, and prescriptions

for naproxen, tramadol, and topical cream. The Request for Authorization was submitted 01/08/2014. A rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550 MG 1 PO BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: The request for naproxen 550mg 1 PO BID #60 is non-certified. The California MTUS guidelines recommend the use of NSAIDs for injured workers with osteoarthritis (including knee and hip) and patients with acute exacerbations of chronic low back pain. The guidelines recommended Non-Steroidal Anti-Inflammatory Drugs (NSAID) at the lowest dose for the shortest period in injured workers with moderate to severe pain. In injured workers with acute exacerbations of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. Within the clinical information provided for review it is noted the injured worker has a history of neck pain, back pain, and knee pain treated with physical therapy, acupuncture, medications, an interferential unit, and a lumbosacral orthosis back brace; however, the requesting physician did not provide adequate documentation of significant objective functional improvement related to naproxen. In addition, the clinical note dated 01/16/2014, states the injured worker experienced an adverse reaction to naproxen to include a rash. Therefore, the request for naproxen 550 mg 1 by mouth twice a day #60 is non-medically necessary and appropriate.