

Case Number:	CM14-0119790		
Date Assigned:	08/06/2014	Date of Injury:	02/19/2009
Decision Date:	09/22/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	07/29/2014

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, has a subspecialty in Interventional Spine 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 a 58 year old female with an injury date of 02/19/09. The 07/15/14 treatment report by Dr. [REDACTED] states that the patient presents with increased neck pain. The patient's diagnoses include the following: 1. Left shoulder internal derangement 2. Cervical discopathy. No list of medications is provided. The utilization review being challenged is dated 07/17/14. The only treatment report provided is dated 07/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain; Anti-inflammatory medications ; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 61; 22; 67-68.

Decision rationale: The patient presents with increased neck pain. The treater requests for Anaprox (Naproxen an NSAID) #60. MTUS guidelines for medications for chronic pain state pages 60, 61 state, "Relief of pain with the use of medications is generally temporary, and

measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The records provided do not indicate whether or not this patient is actually on this medication, for how long, and with what effect. MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. Without any discussion regarding the medication, it cannot be considered, however. MTUS guidelines page 8 require that the treater provide monitoring of the patient's progress and make appropriate recommendations. Recommendation is for denial.