

Case Number:	CM14-0120137		
Date Assigned:	08/06/2014	Date of Injury:	02/21/2014
Decision Date:	09/25/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/30/2014

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 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 63 year old female with an injury date on 02/21/2014. Based on the 04/11/2014 progress report provided by [REDACTED], the diagnoses are: By report, previous history of cervical fusion, and Rule out cervical disc herniation. According to this report, the patient complains of pain in the neck, upper back, lower back, right shoulder and arms with numbness and tingling in both hands. Pain increases with driving, sleeping, and sitting. The patient has approximately 20% loss of range of motion of the cervical spine. All sensory, reflexes, motor and neurological exam were within normal limits. There were no other significant findings noted on this report. The utilization review denied the request on 07/03/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 02/26/2014 to 07/15/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 DOS 04/11/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67,68 and 73.

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: According to the 04/11/2014 report by [REDACTED] this patient presents with neck, upper back, lower back, right shoulder and arms with numbness and tingling in both hands. The MTUS Guidelines pages 60 and 61 reveal the following regarding NSAID's, Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Review of reports show the patient was first prescribed Naproxen on 04/11/2014. The request to start Naproxen 550mg appears reasonable and consistent with MTUS guidelines. Such as, Naproxen 550mg #90 is medically necessary.