

Case Number:	CM14-0163809		
Date Assigned:	10/08/2014	Date of Injury:	10/30/2013
Decision Date:	11/07/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 39-year-old male with a 10/30/13 date of injury. At the time (8/27/14) of request for authorization for 1 Prescription for naproxen sodium 550mg body part: cervical spine, there is documentation of subjective (chronic moderate to severe neck pain radiating to the right arm and left shoulder pain) and objective (antalgic gait, tenderness to palpation from C3-4 to C6-7 levels, positive bilateral cervical facet joint loading test, diminished cervical range of motion, positive Spurling's test; decreased right shoulder range of motion, and mildly decreased strength of the bilateral upper extremities), current diagnoses (cervical radiculopathy, cervical herniated nucleus pulposus, and status post right shoulder surgery in April 2014), and treatment to date (ongoing therapy with Naproxen since at least 4/2/14 with decreased pain levels and increased walking tolerance).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 9, 63-64 67-70, 74, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical radiculopathy, cervical herniated nucleus pulposus, and status post right shoulder surgery in April 2014. In addition, there is documentation of chronic pain. Furthermore, given documentation of ongoing treatment with Naproxen since at least 4/2/14 with decreased pain levels and increased walking tolerance, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen sodium 550mg is medically necessary and appropriate.