

Case Number:	CM14-0169452		
Date Assigned:	10/17/2014	Date of Injury:	10/04/2013
Decision Date:	11/24/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/14/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 57 year old male with a date of injury on 10/4/2013. The injured worker sustained a low back injury. He was started with standard conservative treatment including physical therapy, and the drugs Naprosyn and Flexeril. A magnetic resonance imaging (MRI) had shown only disc bulges. There was a neurosurgical evaluation in 3/14; that provider felt that further conservative care was in order and that there was no surgical issue. In 7/14, recommendation was made for a functional restoration program. There is an 8/8/14 note in which the injured worker again is seen with ongoing low back pain and occasional right leg pain. The injured worker notes that the Naprosyn is not helping his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

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

Decision rationale: This injured worker has been using the naproxen medication for months, certainly since the date of injury it appears. Yet the injured worker has no discernible

improvement with this medication. The most recent note from 8/14 indicates 7/10 pain complaints both with and without the medications. There is nothing to indicate significant improvement in function with this medication or reduction in pain complaints with the drug. There is also no indication of monitoring of liver and kidney function secondary to long term use of this medication. Last, there is some comment that the injured worker told one of the treating physicians that he is intolerant of oral medications. Given this, the request for the naproxen is not medically necessary and appropriate.