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| Case Number: | CM14-0171306 | | |
| Date Assigned: | 10/23/2014 | Date of Injury: | 06/29/2006 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 09/23/2014 |
| Priority: | Standard | Application Received: | 10/16/2014 |

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 Wisconsin. 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 58-year-old female who reported an injury on 06/29/2006, due to lifting a patient while at work. Her diagnoses were noted to include cervical disc disease, cervical radiculopathy, lumbar disc disease, lumbar radiculopathy, and lumbar facet syndrome. The injured worker's past treatments were noted to include physical therapy, home exercise, activity modifications, and epidural steroid injections. Her diagnostic studies were noted to include an MRI of the lumbar spine, and MRI of the cervical spine, and EMG/NCS. On 09/23/2014, the injured worker complained of 2/10 pain to the cervical spine, which radiated to the bilateral shoulders, down the wrist with weakness. She also complained of thoracic spine pain rated 8/10 and lumbar spine pain rated 8/10. Upon physical examination the injured worker's cervical spine range of motion included flexion to 20 degrees and extension to 50 degrees. Shoulder range of motion was within normal limits. Range of motion of the lumbar spine demonstrated lateral bending on the right to 15 degrees, lateral bending on the left to 15 degrees, flexion was 60 degrees, and extension was 10 degrees. Her medications were noted to include Vicodin, Naproxen, and Ambien. The treatment plan included recommendation that the injured worker continue her medications, continue with a home exercise program, and if the injured worker's radicular symptoms continue in her low back, the provider is requesting to consider a bilateral L4-S1 medial branch block. The rationale for the request was not submitted within the documentation. The Request for Authorization was not included in the documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, take one twice a day, # 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 68-69.

Decision rationale: The decision for Naproxen 550 mg take 1 twice a day #60 is not medically necessary. According to the California MTUS Guidelines, Naproxen is recommended as an option for short term symptomatic relief of pain. The guidelines state there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis and with neuropathic pain. The documentation submitted for review noted the injured worker was taking Vicodin, Naproxen, and Ambien. It is unclear how long the injured worker has been prescribed Naproxen prior to the office visit on 09/23/2014. The documentation submitted for review indicates that the use of medications has helped the injured worker's symptoms. However, there was no quantified information demonstrating the injured worker had significant objective functional improvement and pain relief with the medication. In the absence of this documentation, the ongoing use of naproxen is not supported by the guidelines. As such, the request is not medically necessary.