

Case Number:	CM14-0174812		
Date Assigned:	10/28/2014	Date of Injury:	07/29/2011
Decision Date:	12/04/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/22/2014

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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, low back, myofascial pain syndrome, and headaches reportedly associated with an industrial injury of July 29, 2011. In a Utilization Review Report dated October 3, 2014, the claims administrator apparently partially approved a request for Naprosyn to "allow time for a trial" of the same. The applicant's attorney subsequently appealed. In an August 1, 2014 progress note, the applicant reported ongoing complaints of neck pain, low back pain, headaches, and associated sleep disturbance. The applicant was reportedly using ibuprofen and Naprosyn. The applicant was not working, it was acknowledged. Diclofenac was apparently endorsed. It was suggested that the applicant would remain off of work. On September 22, 2014, the applicant again reported ongoing complaints of neck pain, headaches, and associated sleep disturbance. The applicant was given a prescription for Naprosyn 550 mg #60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): 67-70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management section Anti-inflammatory Medication.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the applicant has previously used many other analgesic medications, including diclofenac, another anti-inflammatory medication, with little-to-no relief, the attending provider has acknowledged. The 60 tablet, three-refill supply of Naprosyn, thus, is at odds with MTUS principles and parameters as it does not contain any proviso to discontinue Naprosyn in the event that Naprosyn, like many other analgesic medications which the applicant has previously tried, proves ineffectual. Therefore, the request is not medically necessary.