

Case Number:	CM14-0176760		
Date Assigned:	10/30/2014	Date of Injury:	12/18/1995
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/24/2014

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 Internal 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:

This is a case of a 61 year old female with a date of injury of 12/18/1995. She was pushed down by a robber and injured her back, hip, left shoulder and neck. In a visit note dated 6/18/2014 by [REDACTED], he reports that the patient came in that day for a follow up visit for neck pain. She continues to have neck and upper back pain. She reports that she had increased pain with walking up a flight of stairs. She reports her pain at 7-8/10 on VAS. She also has to roll on her side to push herself up when she sits up in bed. She states that she uses the tiger balm patches alternating with the salonpas patches for topical pain relief. The tiger balm patches is more effective for pain but the salonpas patches will cover a larger area. On physical examination the only mention of musculoskeletal examination notes normal muscle tone without atrophy in all 4 extremities. She is diagnosed with chronic neck pain and thoracic spine pain. She has been treated with physical therapy, TENS unit at home, as well as acetaminophen, naproxen sodium, protonix, and tiger balm patches. She wishes to continue with conservative treatment and she defers any invasive procedures including spinal injections or surgery. In a more recent visit note dated 8/27/2014 with [REDACTED], the patient rates her pain at 8-9/10 on VAS during walking, but her pain on average is 5-6/10. However, again no neck examination was reported under objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium (Anaprox) 500mg #90, 1 tablet every 8 hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68.

Decision rationale: Non-steroidal Anti-inflammatory medication (NSAIDs) such as Naproxen is recommended as second-line treatment after acetaminophen for acute low back pain and acute exacerbations of chronic pain. In general there is conflicting to negative evidence that NSAIDs are more effective than acetaminophen for acute low back pain. NSAIDs are recommended as an option for short-term symptomatic relief. They were found to be no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The Cochrane review of the literature also found that NSAIDs had more side effects than placebo, and acetaminophen but fewer effects than muscle relaxant and narcotic analgesics. In this case, the patient was on acetaminophen but there was no indication as to why this was discontinued. Also, the patient has been on Naproxen sodium since at least February of 2014 for acute and chronic neck and upper back pain. Since NSAIDs are considered second line treatment and are also recommended for short-term symptomatic relief, it does not appear that Naproxen sodium is indicated in this situation. Therefore based on MTUS guidelines and the evidence in this case, the request for Naproxen Sodium 500 mg # 90, 1 tab every 8 hours as needed is not medically necessary.