

Case Number:	CM14-0027147		
Date Assigned:	06/13/2014	Date of Injury:	03/10/2013
Decision Date:	08/13/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	03/04/2014

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 & Rehabilitation, 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 injured worker is a 48-year-old male with a date of injury reported on 03/10/2013. His mechanism of injury was that he was attempting to free his truck, which was stuck in the sand. He injured his back and neck. The injured worker had an examination on 02/03/2014. The injured worker complained of his neck, shoulders, and lumbar spine, as well as the knee at a level of 4/10 to 5/10 at rest and at 8/10 to 9/10 with activity. He has undergone acupuncture, which showed no improvement with activities of daily living or the range of motion. He has had previous treatments of Tylenol, ibuprofen, cold packs, heat, stretching exercises, physical therapy, and muscle relaxants. The efficacy of all of those previous treatments was not provided. The list of medications that was provided included Ambien, naproxen, and Flexeril. The injured worker's diagnoses consisted of sprain/strain of the neck with radiculopathy and muscle tightness, chronic sprain and strain of the lumbar spine with sciatica, and chondromalacia of the patellofemoral joint at the left knee. The plan of treatment was to have the injured worker to continue to strengthen his muscles with walking and working on machines and free weights at a gym and to continue his medications. The request for authorization for the medications was signed and dated for 02/15/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN TABLETS 500 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: The request for Naproxen tablets 500 mg is not medically necessary. The California MTUS Guidelines do recommend the use of NSAIDs at the lowest dose for the shortest period of time for patients with moderate to severe pain. It is also recommended that NSAIDs are a second line of treatment next to the use of Tylenol. Although it was reported that the injured worker did take Tylenol there was no efficacy of that. There was no date provided as to when the injured worker started taking the Naproxen. Efficacy was not documented to support continuation. Furthermore, the request for the Naproxen does not have the quantity and frequency. Therefore, the request for Naproxen tablets 500 mg is not medically necessary.