MAXIMUS Federal Services

Case Number:	CM14-0033570		
Date Assigned:	06/20/2014	Date of Injury:	08/07/2003
Decision Date:	08/05/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 54-year-old male who reported an injury on 08/07/2003 due to cumulative trauma. On 02/07/2014 the injured worker presented with low back, right upper leg, left shoulder, and right hand and finger pain. Upon examination, there was mild focal tenderness bilaterally over the L3-4, L4-5, and L5-S1 posterior spinous process and paravertebral muscles. There were no focal or neurological deficits from the L2 through S1, to motor or sensory evaluation. Prior treatment included medications. Current medications include Norco, Naprosyn, and Prilosec. The diagnoses were lumbar degenerative disc disease at L3 to S1 associated with lumbar facet syndrome, right shoulder rotator cuff tear status post rotator cuff repair, right femur fracture status post open reduction and internal fixation, and tenosynovitis of right long, ring, and little finger with pre-authorization for surgical repair. The provider recommended naproxen 550 mg; the provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60, 1 tablet by mouth twice a day with meals with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for naproxen 550 mg with a quantity of 60, 1 tab by mouth twice a day with meals and 1 refill is non-certified. The California MTUS Guidelines state naproxen is a nonselective, nonsteroidal anti-inflammatory drug, useful for treatment of inflammatory conditions. The injured worker has been prescribed NSAIDs for at least one year, the efficacy of the medication was not provided. The medical documents state the injured worker still has chronic low back pain and there is no increase in function, efficacy, utility, or any other indicator of success of using this medication. In addition, the provider's rationale was not provided. As such, the request is not medically necessary.