

Case Number:	CM14-0042350		
Date Assigned:	06/30/2014	Date of Injury:	02/28/2013
Decision Date:	08/22/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/08/2014

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 Nevada. 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 34-year-old male who was reportedly injured on February 28, 2013. The mechanism of injury was noted as a fall from a ladder. The most recent progress note dated January 13, 2014, indicated that there were ongoing complaints of neck and right shoulder pains. The physical examination demonstrated the injured employee wearing a left knee brace and lumbar spine brace. A single point cane was required for ambulation. A slight reduction in left knee flexion was noted. A slight reduction in lower extremity motor function was also noted. Decreased sensation was reported. Diagnostic imaging studies were not reviewed. Previous treatment included multiple medications, conservative modalities and physical therapy. A request had been made for Naprosyn 550 mg and was not certified in the pre-authorization process on March 12, 2014

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs, Gastrointestinal Symptoms and Cardiovascular Risk page 22, Anti-inflammatory Medications pages 63-64 Page(s): 63-64, 68 and 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 66 & 73 of 127.

Decision rationale: When noting the date of injury, the mechanism of injury, the injury sustained and the current clinical examination, there is no clinical indication of acute inflammatory process. While noting that this is often used in low back pain, there needs to be some demonstrated efficacy or utility with the ongoing uses medication. Given that the pain complaints were unchanged and the physical examination was unchanged, the request for Naprosyn 550 mg is not medically necessary and appropriate is not medically necessary.