

Case Number:	CM14-0045349		
Date Assigned:	06/27/2014	Date of Injury:	06/06/2005
Decision Date:	08/15/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/01/2014

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 records presented for review indicate that this 43-year-old male was reportedly injured on 6/6/2005. The mechanism of injury was noted as a slip and fall. The most recent progress note, dated 12/16/2011, indicated that there were ongoing complaints of low back pain. There was no physical examination performed on this date of service. No diagnostic studies were available for review. Previous treatment included rhizotomy, medications, and conservative treatment. A request had been made for naproxen 550 mg #60 and was not certified in the pre-authorization process on 3/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23 and 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73 of 127.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Anti-inflammatories are the traditional first line of treatment, to reduce pain, so activity and functional restoration can resume, but long-term use

may not be warranted. After reviewing the medical documentation provided, it was noted the injured worker did read his pain as 3+/10 on the visual analog scale. However, there was no documentation how the use of this medication reduced his pain or increase his level function. There were no objective medical exam findings or subjective documentation to support the continued use of this medication. Therefore, this request is deemed not medically necessary.