

Case Number:	CM14-0049887		
Date Assigned:	07/07/2014	Date of Injury:	10/03/2003
Decision Date:	09/05/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/17/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for post traumatic headaches, rib pain, and abdominal wall pain reportedly associated with an industrial injury of October 3, 2003. Thus far, the applicant has been treated with analgesic medications; opioid therapy; muscle relaxants; topical applications of heat and cold; and the apparent imposition of permanent work restrictions. The applicant does not appear to be working with permanent limitations in place. In a Utilization Review Report dated April 9, 2014, the claims administrator denied a request for Naprosyn and conditionally denied a request for Norco. The applicant's attorney subsequently appealed. On October 2, 2013, the applicant reported pain ranging from 3-8/10. The applicant stated that without medications, his pain was 8/10 while his pain levels are 3-4/10 with medications. The applicant's complaints included visual disturbance, chest wall pain, and mid back pain, headaches, shoulder pain, neck pain, and low back pain. The attending provider acknowledged that some of the applicant's allegations were not compensable. The applicant was given refills of Norco, oral ketoprofen, Soma, and Prilosec. In a prescription form dated May 20, 2014, the attending provider issued prescriptions for Naprosyn, Prilosec, and Methoderm gel. In a progress note of the same date, May 20, 2014, the applicant reported 5/10 pain, which the attending provider stated was diminished somewhat with pain medications. The applicant was again asked to continue permanent work restrictions. Norco and Soma were also prescribed, in addition to Naprosyn and Prilosec. In an earlier note of April 21, 2014, the applicant again presented with 6/10 pain, with the rib pain being the primary pain generator. Norco, Naprosyn, Soma, and Prilosec were all endorsed. It was stated that Naprosyn was causing some GI upset.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Naproxen 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; Non Selective NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications topic Page(s): 7, 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, this recommendation is qualified by commentary made on page 7 to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The attending provider has not clearly stated how (or if) ongoing usage of Naprosyn has been beneficial in terms of the functional improvement. Ongoing usage of Naprosyn has failed to diminish or curtail reliance on other medications, including Norco and Soma. The attending provider has not outlined any specific functions or activities of daily living which have improved with ongoing usage of Naprosyn. For all of the stated reasons the request is not medically necessary.