

Case Number:	CM14-0053977		
Date Assigned:	07/07/2014	Date of Injury:	01/30/2006
Decision Date:	09/03/2014	UR Denial Date:	03/28/2014
Priority:	Standard	Application Received:	04/22/2014

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 Texas. 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 injured on 01/30/06 in result of repetitive trauma while using his right foot to kick a pedal on a large press machine. Diagnoses include shoulder impingement syndrome in the right, tension headache, displacement of the thoracic and cervical spine without myelopathy, lumbar radiculopathy, cervical radiculopathy, degenerative disc disease of the cervical spine, lumbar spine, and thoracic spine. Clinical note dated 03/05/14 indicated the injured worker presented complaining of headaches, bilateral shoulder, neck, and low back pain. The injured worker has been treated conservatively with physical therapy, acupuncture, and psychiatrist/psychologist treatment. The injured worker rated his pain at 9-10/10 on the visual analog scale without medications and 7/10 with medications. The injured worker reports medications allowed the injured worker increased functionality to include increased mobility, tolerance in activities and daily living, and home exercises. Medications include Fexmid 7.5mg every 8 hours, Omeprazole 20mg 1-2 tablets every 12 hours, Naproxen Sodium 550mg every 12 hours, and Hydrocodone/ Acetaminophen 10/325mg three times daily. The initial request for Naproxen sodium 550mg tablets was initially non-certified on 03/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20, NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for Naproxen Sodium 550 mg tablets cannot be established as medically necessary.