

Case Number:	CM14-0054481		
Date Assigned:	07/07/2014	Date of Injury:	07/16/2006
Decision Date:	09/05/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/23/2014

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 has a subspecialty in Interventional Spine 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 patient is a 55-year-old female with an injury date of 07/16/2006. According to the 03/07/2014 progress report, the patient complains of frequent headaches and neck pain. With the colder weather, she has increased upper and lower back pain which can vary from a 6/10 to an 8/10 on a pain scale. She has problems sleeping due to pain/discomfort and remains depressed. She rates her depression as a 5/10. The ranges of her cervical spine were slightly restricted in all planes and there were multiple myofascial trigger points and taut bands noted throughout the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus, thoracic, and lumbar paraspinal musculature as well as the gluteal musculature. Sensation to fine touch and pinprick were minimally decreased in the 2nd, 3rd, 4th, and 5th digits of the hands bilaterally, as well as in the lateral aspect of the bilateral thighs and in the dorsum of the feet. The patient's diagnoses include the following: 1. Mild right L4-L5 radiculopathy and mild bilateral S1 radiculopathy. 2. Chronic myofascial pain syndrome, thoracolumbar spine. 3. Bilateral carpal tunnel syndrome, moderate on the right and mild to moderate on the left. 4. NSAIDs-induced gastritis. The request is for Naprosyn 550 mg #180. The utilization review determination being challenged is dated 04/14/2014. Treatment reports were provided from 10/18/2013 to 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naprosyn Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain, Anti-inflammatory medications Page(s): 60, 61, 22.

Decision rationale: According to the 03/07/2014 progress report, the patient presents with headaches, neck pain, increased upper back pain, increased lower back pain. The request is for Naprosyn 550 mg #180. The patient has been taking Naprosyn as early as 10/18/2013. Review of the reports does not provide any discussion as to how the patient has been doing with this medication. MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naprosyn has done for this patient's pain and function. Recommendation is for denial.