

Case Number:	CM14-0094018		
Date Assigned:	07/25/2014	Date of Injury:	11/25/2005
Decision Date:	09/22/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/20/2014

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 patient is a 53-year-old male, who has submitted a claim for cervical myoligamentous injury with bilateral upper extremity radiculopathy associated with an industrial injury date of November 25, 2005. Medical records from 2014 were reviewed, which showed that the patient complained of back pain with radicular symptoms. Pain was rated at 7 out of 10. Physical examination of the cervical spine revealed tenderness to palpation in the posterior cervical musculature and trapezius musculature. There was decreased range of motion and pain with extension with pinching radiating to the shoulders. There was decreased sensation along the posterolateral forearm on the left, as well as the palm of the hand. There was notable decreased grip strength on the left when compared to the right. The reflexes revealed a mild loss in the left triceps and mild weakness with triceps extension on the left when compared to the right. There was noted mild muscle atrophy of the left triceps muscle. Treatment to date has included oral medications, opioid analgesics, epidural steroid injections and spinal cord stimulator implantation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg. #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 66-71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 66.

Decision rationale: As stated on page 66 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain, and that there is no evidence of long-term effectiveness for pain or function. In this case, the patient has been prescribed Anaprox since at least December 2013 (9 months to date), which is beyond what the guideline suggests. In addition, there was no documentation of functional improvement in the documents submitted. Therefore, the request for Anaprox DS 550 mg. #60 is not medically necessary.