

Case Number:	CM14-0096622		
Date Assigned:	07/28/2014	Date of Injury:	02/21/2013
Decision Date:	09/30/2014	UR Denial Date:	06/02/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Pain Management 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:

This is a female patient with the date of injury of February 21, 2013. A Utilization Review was performed on June 2, 2014 and recommended non-certification of Naproxen 500mg #40. A Progress Note dated May 18, 2014 identifies History of Present Illness of low back pain and burning of her right lower extremity. Physical Exam identifies sensation is reduced in the right L4 and bilateral L5 dermatomes. There is tenderness over the lumbar paraspinals. There is pain with lumbar flexion and extension. Impression identifies sprain of lumbar region, sciatica of right side, H/O discectomy, atrial fibrillation (HCC), foot drop right, lumbar discogenic pain syndrome, lumbar radiculitis, DDD (degenerative disc disease) lumbar, and chronic pain syndrome. Treatment Plan identifies prescription for Naproxen Sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.