

Case Number:	CM14-0096791		
Date Assigned:	07/23/2014	Date of Injury:	03/06/2012
Decision Date:	08/27/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/10/2014

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 is licensed to practice in Nevada. 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 records presented for review indicate that this 51-year-old male was reportedly injured on March 6, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated May 6, 2014, indicates there are ongoing complaints of neck pain radiating to the shoulders and arms with numbness and tingling in both hands. Current medications include Norco, muscle relaxant, and anti-inflammatory medications. The physical examination demonstrated decreased cervical spine range of motion with pain on the right side. Trigger points were identified in the right trapezius. There was a positive right-sided Spurling's test. Diagnostic imaging studies were not reviewed during this visit. A request was made for Anaprox and was not certified in the pre-authorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox (Naproxen) 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications (NSAID's) Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26, MTUS (Effective July 18, 2009) Page(s): 22.

Decision rationale: The California Chronic Pain Medical Treatment Guidelines supports the use of anti-inflammatories as a first-line agent in the management of chronic pain. Based on the clinical documentation provided, the injured employee would benefit from the use of anti-inflammatory medications, however there is no justification specified why Anaprox should be used over another medication or an over-the-counter anti-inflammatory. For this reason, this request for Anaprox is not medically necessary and appropriate.