

Case Number:	CM14-0102964		
Date Assigned:	07/30/2014	Date of Injury:	05/22/2003
Decision Date:	07/14/2015	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 52 year old male, who sustained an industrial injury on 5/22/03. He reported initial complaints of upper extremity/right shoulder, cervical and lumbar spine. The injured worker was diagnosed as having left wrist pain; right shoulder pain; cervical radiculopathy; cervical HNP; lumbar HNP. Treatment to date has included status post right shoulder surgery urine drug screening; medications. Diagnostics included MRI lumbar spine (2/20/13). Currently, the PR-2 notes dated 5/19/14 indicated the injured worker presents on this day for a follow-up regarding neck, right shoulder, left wrist and low back pain. He has had 11 sessions of acupuncture with no relief. He continues to await authorization of CT discogram of the lumbar spine and considering a lumbar fusion. The injured worker reports burning pain and pins and needles sensation in the right shoulder rated as 6/10. He also reports pins and needles sensation of the neck. He reports cracking and popping sound in his neck. He reports stabbing pain in the left hand which he rates 8/10 on the pain scale. He notes numbness radiating in the left leg. He uses a wheelchair and wheeling himself causes pain. He reports a sensation of his legs falling asleep. He also has difficulty falling asleep due to his pain and inability to remain in the same position very long. He reports that the medications do help to take the edge off of the pain and finds no side-effects at this time. The physical examination notes his gait is antalgic noting the use of a wheelchair for regular ambulation. He is able to sit comfortably for the exam and notes an abnormal heel/toe walk. Tender palpation at cervical spine paraspinal muscles, thoracic bilateral paraspinal muscles and bilateral lumbar paraspinal muscles left side greater than right with associated spasms. The provider notes decreased range of motion in lumbar

spine at all planes. Sensation in lower extremities intact and upper extremities decreased at the left C6 and right C8 dermatomes. The provider has requested authorization of Naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs), Neuropathic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of significant increase in functional improvement and with persistent pain. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment ,elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.