

<b>Case Number:</b>	CM14-0193506		
<b>Date Assigned:</b>	12/01/2014	<b>Date of Injury:</b>	10/16/2012
<b>Decision Date:</b>	01/15/2015	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/18/2014

### 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 & Rehabilitation, 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 48 year old female with an injury date on 10/16/12. Patient complains of persistent cervical pain and radicular arm pain/weakness per 10/7/14 report. The patient also has stiffness in her trapezius region, and her radicular pain is worsening per 10/7/14 report. The patient had 6 sessions of physical therapy with temporary relief, and chiropractic treatments with significant benefit, as well as epidural steroid injections and trigger point injection which allowed her to return to work per 10/3/14 report. Based on the 10/7/14 progress report provided by the treating physician, the diagnoses are cervical disc displacement without myelopathy, cervical disc degeneration, fasciitis not otherwise specified and brachial neuritis or radiculitis. A physical exam on 10/7/14 showed "reduced range of motion of C-spine, 80% normal flexion/extension." The patient's treatment history includes physical therapy, chiropractic; medications (cannot tolerate opioids). The treating physician is requesting labs to assess organ function, and Naproxyn 500mg #60 x 2 refills. The utilization review determination being challenged is dated 10/21/14. The requesting physician provided treatment reports from 1/14/13 to 11/4/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Labs to assess organ function:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Labs for NSAIDS Page(s): 70.

**Decision rationale:** This patient presents with neck pain, arm pain. Review of the reports does not show any evidence of a CBC and chemistry prof being done in the past. Regarding labs for NSAIDS, MTUS page 70 states, "Routine Suggested Monitoring: Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy, but the interval of repeating lab tests after this treatment duration has not been established. "In this case, the patient has been taking Naproxyn since 1/14/13. There is no documentation that patient had a prior CBC and chemistry profile to assess organ function from long term NSAID use. Laboratory studies including CBC and chemistry profile would be medically indicated. The MTUS does support period lab monitoring and the request is medically necessary.

**Naprosyn 500mg #60 x 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs)NSAIDs, specific.

**Decision rationale:** This patient presents with neck pain, arm pain. Patient has been taking Naproxen since 1/14/13. The patient discontinued Naproxen recently and was "barely able to move" as the pain became intensified per 10/7/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient has been using Naproxen for 1 year and 8 months without documentation of pain relief or functional improvement. Regarding medications for chronic pain MTUS page 60 states, "A record of pain and function with the medication should be recorded." The request is not medically necessary.