

Case Number:	CM14-0194286		
Date Assigned:	12/02/2014	Date of Injury:	06/30/2008
Decision Date:	01/14/2015	UR Denial Date:	11/08/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family 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:

62 year old female claimant sustained a work injury on 6/30/08 involving the right upper extremity and neck. She was diagnosed with a right carpal tunnel syndrome, right shoulder impingement and chronic cervicgia. She had been on Naproxen since at least March 2014. A progress note on 10/6/14 indicated the claimant had been experiencing constipation and gastric upset while on Naproxen. Zantac had alleviated her symptoms. Exam findings were notable for right shoulder tenderness, positive cross abduction test, tenderness in the right lateral epicondyle and tenderness of the cervical spine. She was continued on the Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60, 1 tablet orally twice daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are "recommended as a second-line treatment after acetaminophen." In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Acetaminophen may be considered for initial

therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. In this case, the claimant had been on Naproxen for over a year. She had developed GI symptoms while on Naproxen. There was no indication of failure on Tylenol or alternative medications that would have reduced GI side effects. NSAIDs are recommended for a short-term. The request for Naproxen is not medically necessary.