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| Case Number: | CM14-0195880 | | |
| Date Assigned: | 12/03/2014 | Date of Injury: | 03/30/2013 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 10/23/2014 |
| Priority: | Standard | Application Received: | 11/21/2014 |

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 Pain 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:

This is a patient with a date of injury of March 30, 2013. A utilization review determination dated October 23, 2014 recommends noncertification of naproxen. A progress report dated July 8, 2014 identifies subjective complaints of right shoulder pain, right wrist pain, left wrist pain, and spasm in the cervical/trapezius/deltoid area. The patient continues to have "burning pain component has remained refractory to analgesics and NSAIDs." Topical containing compounds decrease the burning pain and improves function. Objective examination findings revealed decreased range of motion in the right shoulder with tenderness over the left wrist. Diagnoses include right shoulder rule out impingement/rotator cuff pathology, bilateral wrist/hand pain, and left thumb pain. The treatment plan recommends additional physical therapy, tens unit, tramadol ER, naproxen, pantoprazole, cyclobenzaprine, and a urine drug screen. The note indicates that naproxen results in a 3 point average additional decrease in pain and provides improved range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication, NSAIDs Page(s): 22.

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): 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, the requesting physician has identified that naproxen reduces the patient's pain and improves function. No side effects are reported. It is acknowledged, that the naproxen does not help with the neuropathic pain, but it is presumed that the patient has musculoskeletal pain which is improved by the medication as documented by a "three-point average additional decrease in pain [And] improve range of motion." As such, the currently requested Naproxen is medically necessary.