

Case Number:	CM14-0199849		
Date Assigned:	12/10/2014	Date of Injury:	05/13/1996
Decision Date:	02/20/2015	UR Denial Date:	11/30/2014
Priority:	Standard	Application Received:	12/01/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 63 year-old male with an original date of injury on 5/13/1996. The mechanism of injury is not provided in the submitted documentation. The industrially related diagnoses are lumbar joint sprain, herniated disc of lumbar spine, myalgia and myositis, hypertension, and diabetes. The patient has been maintained on Norco and Naproxen for pain control. The disputed issue is the request for Naproxen 250mg quantity of 60 tablets. A utilization review dated 11/30/2014 has non-certified this request. The stated rationale for denial was given the patient has underlying gastritis, it is not recommended for patient to continue taking Naproxen, therefore, this request is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 250mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72 of 127.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). The 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. In general, the guidelines state that anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume. In the submitted medical records, a progress note dated on 11/18/2014 indicates the patient has been on Naproxen and Norco with good effect to maintain meaningful employment. The patient has no gastrointestinal complaints associated with NSAID within the submitted documentation. His pain level fluctuates between 5/10 to 8/10 with medication, and the medications are helping him to work full time. Therefore, this medication is reasonable to treat his pain according to guidelines since there is analgesic and functional benefit. This first line medication is deemed medically necessary.