MAXIMUS Federal Services

Case Number:	CM14-0202031		
Date Assigned:	12/12/2014	Date of Injury:	12/05/2008
Decision Date:	02/27/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/02/2014

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, Washington
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 62-year-old male who reported an injury on 12/05/2008. The mechanism of injury was a slip and fall. The documentation indicated the injured worker was utilizing Naprosyn as long ago as 12/2013. The surgical history was not provided. The documentation indicated the injured worker previously underwent an MRI of the right shoulder. The injured worker's medications included Celebrex and Motrin in 2010. Other therapies included physical therapy. The injured worker underwent an EMG/NCV on 08/26/2014 which revealed an abnormal electromyography with mild left L5 radiculopathy and there was a normal nerve conduction velocity revealing no electrophysiologic evidence of sensory motor neuropathy. There was a Request for Authorization submitted for the medication request. The documentation of 10/07/2014 revealed the injured worker was not getting good pain relief with naproxen. The injured worker indicated having frequent pain and numbness in the upper and lower extremities. The range of motion of the cervical and lumbar spine was slightly to moderately restricted in all planes. There were multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapula, scalene, infraspinatus, thoracic, and lumbar paraspinal musculature, as well as gluteal muscles. There was decreased sensation to fine touch and pinprick in the right thumb and lateral aspect of the right arm. The proximal muscles of the right upper extremity could not be tested due to pain. The diagnosis included sprain injury, right shoulder; chronic myofascial pain syndrome, cervical thoracolumbar spine, moderate to severe; moderate right C5 and mild left C5 radiculopathy; and mild left L5 radiculopathy. The treatment plan included naproxen 550 mg 1 by mouth every 8 hours #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovacular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to indicate the injured worker had objective functional improvement and an objective decrease in pain. The documentation indicated the injured worker had no improvement with the medication. As such, the request would not be supported. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen 550 mg #120 is not medically necessary.