

<b>Case Number:</b>	CM14-0211141		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/03/2000
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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 Practice, 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:

47 yr. old male claimant sustained a work injury on 10/3/2000 involving the neck, and head. He was diagnosed with cervical radiculopathy, traumatic head injury and cervical herniated nucleus pulposus (based on a prior MRI). A progress note on 11/12/14 indicated the claimant had 6-8/10 pain. Exam findings were notable for C5-C7 trigger points, positive Spurling's test and reduced left wrist grip strength. The claimant was treated with Naproxen, Skelaxin and Norco. Home exercises were recommended and additional trigger point injections. He had been on Naproxen since at least April at which time pain and function were similar.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Naproxen 500MG, #60: Upheld**

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

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

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic

relief. In this case, the claimant had been on Naproxen for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant's pain was not improving over several months use and was at a high level of 8/10. Continued use of Naproxen is not medically necessary.