

Case Number:	CM14-0091017		
Date Assigned:	09/10/2014	Date of Injury:	01/25/2013
Decision Date:	04/10/2015	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/16/2014

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. 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: Florida

Certification(s)/Specialty: Family Practice

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 58-year-old male, with a reported date of injury of 01/25/2013. The diagnoses include thoracic spine sprain, right wrist sprain, contusion of the clavicle, neck pain, thoracic back pain, rib sprain, and costochondritis. Treatments to date have included physical therapy, Naproxen, and topical pain medications. The medical report dated 05/05/2014 indicates that the injured worker complained of increased left chest pain. It was noted that he restarted Naproxen, and felt much better. The injured worker reported that he was able to rotate his neck easier when he took the Naproxen. He rated his pain 9 out of 10 with medication, and 4 out of 10 with medication. The physical examination showed normal bilateral upper extremity strength, intact sensation of the cervical spine, tenderness over the cervical paraspinals, reduced cervical spine range of motion, tenderness of the left sternal area at the 4rd and 4th rib, tenderness to palpation of the interscapular area and T7-T10 paraspinal muscles, and normal gait. The treatment plan included pain management evaluation for possible left L3 and L4 costochondral injections and the use of an H-wave machine to help with pain. It was noted that the injured worker would continue with Naproxen 550mg #60 for pain relief. The medication was requested for refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #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. Pages: 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.