

Case Number:	CM15-0100928		
Date Assigned:	06/04/2015	Date of Injury:	03/16/2011
Decision Date:	07/08/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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: 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 45-year-old male, who sustained an industrial injury on 03/16/2011. He reported sharp pain in his neck. According to a progress report dated 04/10/2015, neck pain was rated 2-4 on a scale of 1-10 and was described as dull pain that radiated between the shoulder blades and to both trapezii. He denied paresthesias of the upper extremities. He denied any exacerbating factors. Physical therapy, acupuncture and medications helped in the past. He underwent anterior cervical fusion at C5-C6 on 06/21/2011. Lack of complete bony union of C5-C6 with subsequent restricted activity was noted. Medication regimen included Naproxen, Cyclobenzaprine and Metformin. Diagnoses included chronic neck pain, cervical disc disease, postsurgical pain after anterior C5-C6 fusion, disc extrusion, partial malunion, depression, diabetes type II, hyperlipidemia, sexual dysfunction and hypertension. The treatment plan included continuance of home exercise program, TENS unit, refill TENS electrodes, Naproxen and Cyclobenzaprine. Cognitive behavioral therapy was pending authorization and was requested again. Currently under review is the request for retrospective Naproxen 550mg # 60, date of service 04/10/2015. The injured worker's work status is temporarily totally disabled TTD.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naproxen 550mg #60 (DOS: 04/10/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, naproxen Page(s): 21-22, 72-73.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and there is no evidence of improvement in pain or function to support the continued use of naproxen. The request for Retrospective: Naproxen 550mg #60 (DOS: 04/10/2015) is not medically necessary and appropriate.