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| Case Number: | CM15-0101904 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 09/06/2013 |
| Decision Date: | 07/07/2015 | UR Denial Date: | 05/21/2015 |
| 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: Preventive Medicine, Occupational Medicine

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 34 year old female, who sustained an industrial injury on 9/6/13. The injured worker has complaints of low back pain. The documentation noted on the cervical spine examination range of motion was restricted with flexion and with extension and the lumbar spine range of motion was restricted with flexion limited to 90 degrees limited by pain and extension limited to 25 degrees limited by pain. The diagnoses have included thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included cyclobenzaprine; menthodermgel; naproxen sodium; terocin patch; tramadol and lidopro. The request was for naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 MG #60: 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 Section, NSAIDs, Specific Drug List and Adverse -Effects Section Page(s): 22, 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no documentation of functional gain with prior use of the medication. The request for Naproxen Sodium 550 MG #60 is not medically necessary.