

<b>Case Number:</b>	CM15-0108326		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	08/27/2014
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: Internal 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 19-year-old female, who sustained an industrial injury on 8/27/14. The injured worker has complaints of neck pain, mid back pain and headaches. The documentation noted on examination that the cervical range of motion was decreased. The diagnoses have included thoracic sprain/strain. Treatment to date has included naproxen and physiotherapy. The request was for naproxen 500mg, two (2) times per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, two (2) times per day:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 181, 212, 308.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004)

indicates that NSAIDs are recommended for neck, back, and upper extremity conditions. The progress report dated 4/28/15 documented subjective complaints of neck pain, back pain, and headaches. The patient reported a history of head injury. Diagnoses were cervical strain and sprain, shoulder rotator cuff syndrome, thoracic sprain and strain, and headache. ACOEM 2nd Edition 2004 indicates that NSAIDs are recommended for neck, back, and upper extremity conditions. ACOEM guidelines support the request for Naproxen. Therefore, the request for Naproxen is medically necessary.