MAXIMUS Federal Services

Case Number:	CM15-0137965		
Date Assigned:	07/28/2015	Date of Injury:	12/18/1995
Decision Date:	09/17/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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: Connecticut, California, Virginia
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 61 year old female, who sustained an industrial injury on 12/18/95. She reported being struck at the base of the cervical spine during a robbery. The injured worker was diagnosed as having neck pain and pain in thoracic spine. Treatment to date has included oral medications including Tylenol 325mg, Naproxen Sodium 550mg, propranolol 10mg, Evista 60mg, Calcium 500mg, fish oil, vitamin and topical Tiger balm patch 230-70mg, Lidoderm patch and Salonpas patch; aqua therapy, home exercise program and activity restrictions. Currently 5/6/15, the injured worker complains of continued pain neck with radiation to the shoulders rated 7-8/10 without medications and 3-4/10 with Naproxen. She notes when her pain is more severe she also gets significant muscle spasms in the neck. Work status is considered to be permanent and stationary. Physical exam performed on 5/6/15 revealed restricted range of motion of cervical spine with paravertebral muscle tenderness and palpable tight muscle bands and trapezius muscle examination revealing tenderness, hypertonicity and palpable tight muscle bands. The treatment plan included a request for authorization for Naproxen Sodium 550mg #90 and 2 sessions of deep tissue massage therapy. A request for authorization was submitted on 6/9/15 for Naproxen Sodium 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium -Anaprox 550mg, #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22, 68.

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

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents clearly state that Naproxen is contributing to mitigation the patient's pain, and in light of the chronic nature of the treatment success without GI side effects, it is arguable that the benefits may outweigh the risks, as the treating provider expresses. Therefore, the request is considered medically necessary.