

Case Number:	CM15-0143696		
Date Assigned:	08/04/2015	Date of Injury:	10/24/2013
Decision Date:	09/01/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, 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 28 year old male, who sustained an industrial injury on 10-24-13. The injured worker was diagnosed as having lumbosacral joint or ligament sprain and strain, lumbalgia or lumbar intervertebral disc without myelopathy, right sided lumbosacral or thoracic neuritis or radiculitis, and sacroiliac dislocation or subluxation. Treatment to date has included heat application, TENS, and medication. The injured worker had been taking Naproxen since at least 6-4-15. Currently, the injured worker complains of low back pain. The treating physician requested authorization 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 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects, NSAIDs, GI symptoms & cardiovascular risk Page(s): 22, 67, 70, 68.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen for an unknown length of time with 2 opioids. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks and there is no indication of combining multiple classes of medications. Pain reduction attributed to Naproxen cannot be determined. Continued use of Naproxen is not medically necessary.