

Case Number:	CM15-0146144		
Date Assigned:	08/07/2015	Date of Injury:	07/09/2014
Decision Date:	09/24/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/28/2015

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: Physical Medicine & Rehabilitation

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 53 year old male injured worker suffered an industrial injury on 7-9-2014. The diagnoses included cervical lumbosacral sprain-strain, left hand fracture and tenosynovitis, left and right shoulder internal derangement, right and left hip internal derangement and post-traumatic chronic headaches. The treatment included medications and acupuncture. On 7-1-2015 the treating provider reported a mild limp and headaches that were throbbing and radiating to the back of the neck and both shoulders with blurred vision and dizziness. The cervical spine had moderate to severe stabbing pain radiating to the left hand with tingling and weakness along with associated with sudden movements, looking up, looking down and sitting. The thoracic spine had intermittent pain. The lumbar spine had frequent moderate pain that becomes severe radiating to the right foot with numbness and weakness. The right shoulder had intermittent moderate pain radiating to the right hand with tingling and weakness. The left shoulder pain was mild and intermittent. The left elbow had intermittent moderated pain radiating to the left hand with tingling and weakness. The left forearm had intermittent pain with weakness radiating to the elbow. The left wrist pain was frequent with stiffness, numbness and tingling into the hand and fingers. The left hand had intermittent pain that was moderate. The right and left hip had pain with stiffness and weakness. There was restricted range of motion to the cervical, thoracic and lumbar spine. It was reported there was improvement in pain with medications and acupuncture. The injured worker had not returned to work. The requested treatments included Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Drugs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories medications Page(s): 22.

Decision rationale: The current request is for Naproxen 500mg quantity 60. The RFA is not included in the medical file. The treatment included medications and acupuncture. The patient remains off work. Regarding NSAIDs, MTUS for chronic pain medical treatment guidelines page 22 states: "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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of nonselective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." On 7-1-2015 the patient reported radiating pain to the back of the neck and both shoulders. The cervical spine had moderate to severe stabbing pain radiating to the left hand with tingling and weakness. The treater has requested a refill of Naproxen, which the patient has been using since 03/10/15. MTUS Chronic Pain Guidelines under MEDICATIONS FOR CHRONIC PAIN, page 60, states: "A record of pain and function with the medication should be recorded" when medications are used for chronic pain. The treater has not provided pain assessment of documentation of functional changes with the medication Naproxen. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request IS NOT medically necessary.