

Case Number:	CM15-0147508		
Date Assigned:	08/10/2015	Date of Injury:	08/03/2012
Decision Date:	09/04/2015	UR Denial Date:	07/09/2015
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: 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 63 year old female, who sustained an industrial injury on August 3, 2012, incurring back, shoulder, and elbow and arm injuries. She was diagnosed with cervical disc disease, right lateral epicondylitis, right shoulder impingement syndrome, arthropathy of the forearm, tenosynovitis of the right wrist and lumbar disc disease. Treatment included cortisone injections, pain medications, transcutaneous electrical stimulation unit, anti-inflammatory drugs, bracing, topical analgesic creams, antidepressants, sleep aides, chiropractic sessions, and home exercise program and activity restrictions. Currently, the injured worker complained of neck, low back, shoulder, elbow, and wrist and hand pain. She noted persistent pain in her neck with stiffness, spasms and tightness. The treatment plan that was requested for authorization included a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 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 NAIDs Page(s): 66-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/NSAIDs.

Decision rationale: Guidelines recommend limited use of NSAID medication for moderate to severe pain. The Guidelines point out that long-term use is not associated with improvements in pain and function and this individual does not appear to be an exception to this. There is no documentation that NSAID use is associated with benefits above and beyond what her other medications provide. With the additional risk factors of hypertension and GERD syndrome the use of NSAIDs would be approached with additional caution. Under these circumstances, the Naproxen 550 MG #60 is not supported by Guidelines and is not medically necessary.