MAXIMUS Federal Services

Case Number:	CM15-0147537		
Date Assigned:	08/21/2015	Date of Injury:	04/12/2012
Decision Date:	09/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/29/2015

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, Pain Management

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 47 year old male, who sustained an industrial injury on April 12, 2012. He reported neck, left shoulder, low back, right foot, and right ankle pain. The injured worker was diagnosed as having cervical spine sprain and strain, left shoulder tendinitis, left shoulder sprain and strain, lumbar spine sprain and strain with disc protrusion and bilateral lower extremities radiculitis, and right ankle and foot sprain and strain. Diagnostic studies to date have included: On May 11, 2012, an MRI of the lumbar spine revealed mild disc degeneration at L5-S1 (lumbar 5-sacral 1) with a 2-3 millimeter broad-based disc protrusion most pronounce centrally with mild facet joint arthropathy resulting in moderate bilateral L5-S1 foraminal encroachment. There is potential impingement on the exiting bilateral L5 nerves. There is a 2 millimeter broad-based posterior disc protrusion at L4-L5 (lumbar 4-lumbar 5) with mild facet joint arthropathy resulting in mild to moderate bilateral L4-L5 spinal canal stenosis and mild bilateral L4-L5 foraminal encroachment. On May 11, 2012, an MRI of the left shoulder revealed findings consistent with moderate proximal long head biceps tendinitis-strain, biceps tenosynovitis, and mild bursitis. On January 28, 2013, x-rays of the right foot, right ankle, and left shoulder were unremarkable per the qualified medical evaluator. On January 28, 2013, x-rays of the cervical spine revealed some straightening of the lordotic curve, which may be positional, and no significant discogenic narrowing per the qualified medical evaluator. On January 28, 2013, x-rays of the lumbar spine revealed no obvious spondylosis or spondylolisthesis. There was no significant disc space narrowing or osteophytes per the qualified medical evaluator. Treatment to date has included physical therapy, chiropractic therapy, acupuncture, biofeedback,

lumbar epidural steroid injections, work modifications, a home exercise program, an ankle support, and medications including muscle relaxant, topical analgesic, proton pump inhibitor, and non-steroidal anti-inflammatory. Other noted dates of injury documented in the medical record include: 2010. Comorbid diagnoses included history of diabetes, hypertension, sleep apnea, dyspnea and dyspnea on exertion. His work status is described as modified duties with limited lifting, pushing, and pulling of 25 pounds. On May18, 2015, the injured worker reported cervical and lumbar spine pain, rated 6 out of 10. There was right lower extremity radicular pain associated with the lumbar spine pain. He is waiting scheduling for physical therapy and acupuncture. He reported his medications are helpful. He was not currently working. There was no functional change since the prior visit. The physical exam was unchanged since the prior visit. The injured worker had difficulty rising from a seat, gait within normal limits, and no difficulty moving about. The treatment plan includes continuing the Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with one refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, specific drug list & adverse effects: Naproxen (Naprosyn) Page(s): 67-68; 73.

Decision rationale: The California Medical Treatment Utilization Schedule (CMTUS) guidelines recommended non-steroidal anti-inflammatory drugs as a second-line treatment after acetaminophen for short-term relief of acute exacerbations of low back pain symptoms. Per the CMTUS, Naproxen is recommended for osteoarthritis, ankylosing spondylitis, and pain. The medical records show that the injured worker has been taking Ibuprofen since at least April 2015. The medical records show that the provider prescribed Naproxen 550 mg #60 with 1 refill on April 15, 2015 and May18, 2015. The amount of Naproxen prescribed thus far should be sufficient for 4 months of treatment. The request for an additional #60 tablets of Naproxen with 1 refill may potentially be excessive and in use for longer than recommended. Therefore, the Naproxen is not medically necessary.