

Case Number:	CM15-0160078		
Date Assigned:	08/26/2015	Date of Injury:	07/31/2010
Decision Date:	09/29/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/17/2015

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: Emergency 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 35-year-old male, who sustained an industrial injury on 7-31-2010. He reported low back pain. Diagnoses have included low back pain, internal disc disruption, chronic pain, insomnia, left sacroiliac joint dysfunction, left trochanteric bursitis and spondylosis. Treatment to date has included acupuncture, trigger point injections, transcutaneous electrical nerve stimulation (TENS), home exercise program and medication. According to the progress report dated 7-21-2015, the injured worker complained of a pain level of 6. Previous progress reports document low back pain. He reported having a tremor in his right upper extremity for the past three weeks. He stated that the pins and needles pain had improved after trigger point injections into the lumbar paraspinal muscles. No physical exam was documented. Authorization was requested for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The requested Naproxen sodium 550 mg, sixty count, is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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." The injured worker complained of a pain level of 6. Previous progress reports document low back pain. He reported having a tremor in his right upper extremity for the past three weeks. He stated that the pins and needles pain had improved after trigger point injections into the lumbar paraspinal muscles. No physical exam was documented. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen sodium 550 mg, sixty count is not medically necessary.