MAXIMUS Federal Services

Case Number:	CM15-0165969		
Date Assigned:	09/03/2015	Date of Injury:	06/20/1992
Decision Date:	10/07/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/24/2015

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: 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:

This injured worker is a 67-year-old female, who reported an industrial injury on 6-20-1992. Her diagnoses, and or impression, were noted to include: cervical spondylosis without myelopathy; cervical radiculopathy; and interstitial myositis. No current imaging studies were noted. Her treatments were noted to include: massage therapy; chiropractic treatments; acupuncture treatments; consultations; injection therapy-effective; and pain management with topicals and oral anti-inflammatory medications. The progress notes of 7-30-2015 reported being followed for cervical pain and bilateral shoulder pain, with no changes; and worsening bilateral arm complaints, right > left, which included numbness, tingling, weakness and pain. Objective findings were noted to include: no acute distress; decreased deep tendon reflexes in the right upper extremity; tenderness in the cervical spine with taut muscles, positive twitch response and referred pain; prominent cervical facets on the right with pin-point tenderness, and right cervical facet arthropathy; positive right cervical Hoffman's sign and range-of-motion; tenderness in the lumbosacral spine; decreased strength in the bilateral upper extremities due to neck and shoulder; and decreased sensation in the cervical spine. The physician's requests for treatments were noted to include the continuation of Naproxen Sodium as needed for inflammation, to help keep her functional.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The current request is for Naproxen Sodium 550mg #60. The RFA is dated 08/07/15. Treatment history included massage therapy; chiropractic treatments; acupuncture treatments; consultations; injection therapy; and pain management with topical analgesics and oral anti-inflammatory medications. MTUS Chronic Pain Guidelines under anti-inflammatory medication 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." MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Per report 07/30/15, the patient presents with chronic cervical and bilateral shoulder pain. Objective findings revealed decreased deep tendon reflexes in the right upper extremity, tenderness in the cervical spine with taut muscles, positive twitch response and referred pain, prominent cervical facets on the right with pinpoint tenderness, and right cervical facet arthropathy. The patient's current medications include Naproxen, Lidoderm patches, and Voltaren gel. This is a request for refill of Naproxen. The patient reports that medications are helpful in increasing mobility and function. She also reported an increase in tolerance of ADL's and home exercise program. In this case, the treater has documented medication efficacy and MTUS supports the use of anti-inflammatories as a first line treatment. Therefore, the request is medically necessary.