

Case Number:	CM15-0189618		
Date Assigned:	10/01/2015	Date of Injury:	04/05/2001
Decision Date:	11/09/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/25/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 49 year old male who sustained an industrial injury on 4-5-2001. A review of medical records indicates the injured worker is being treated for failed back status post anterior fusion. Medical records dated 8-19-2015 noted lower back pain, jaw pain, headaches, and chest pain. Pain was rated 9.75. Activity limitations were a 3.12. Medical record dated 6-24-2015 rated pain a 5 out 10, without medication a 9 out 10, best pain a 3 out 10, worst pain a 7 out 10, and average pain a 5 out 10. Physical examination noted positive right TMJ. There were occipital headaches, bilateral, right greater than left. There was decreased pin prick to light touch to the lower extremity. Treatment has included Norco and Neurontin which increased function and decreased pain. Other medication included Naprosyn since at least 6-24-2015. Utilization review form dated 9-3-2015 noncertified Naprosyn 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg 1 tab TID #90 for the relief of inflammation: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant developed gastritis due to NSAID use. Continued use of Naprosyn is not medically necessary.