

Case Number:	CM15-0190557		
Date Assigned:	10/02/2015	Date of Injury:	03/12/2014
Decision Date:	11/10/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/28/2015

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: Massachusetts

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 40 year old male, who sustained an industrial injury on 03-12-2014. He has reported injury to the head, neck, right shoulder, and right upper extremity. The diagnoses have included closed head trauma with loss of consciousness; cervical spine discopathy; right shoulder impingement syndrome; right elbow musculoligamentous injury; degloving injury of right arm, with multiple surgeries; and peripheral neuropathy of the right upper extremity. Treatment to date has included medications, diagnostics, TENS (transcutaneous electrical nerve stimulation), physical therapy, home exercise program, and surgical intervention. Medications have included Norco, Gralise, Omeprazole, Bupropion XL, Nortriptyline, Clonazepam, Tramadol, Naproxen, and Gabapentin. A progress report from the treating provider, dated 08-05-2015, documented an evaluation with the injured worker. The injured worker reported constant sharp pain in the cervical spine and right shoulder radiating down to the right arm; and he complain of severe shooting pain for hours. Objective findings included there is tenderness and spasm noted upon palpation of the cervical muscle and over the spinous processes; there is tenderness and spasm noted upon palpation over the right shoulder; and there is limited range of motion of the neck and right shoulder. The treatment plan has included the request for Naproxen 550mg #90. The original utilization review, dated 09-01-2015, non-certified the request for Naproxen 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant sustained a work injury in March 2014 when his clothing became entrapped on a pulley and he was pulled into a machine sustaining a severe right upper extremity injury. He underwent extensive right upper extremity reconstructive surgery. He continues to be treated for right upper extremity pain with secondary neck and low back pain. When seen, he was having severe shooting pain with sharp cervical pain and right shoulder pain radiating into the right arm. Physical examination findings included right shoulder and cervical tenderness with spasms and limited range of motion. Gabapentin, Norco, tramadol, and naproxen 550 mg #90 were prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is in excess of guideline recommendations and is not medically necessary.