

Case Number:	CM15-0200464		
Date Assigned:	10/15/2015	Date of Injury:	08/27/2014
Decision Date:	11/30/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/13/2015

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:

This 19 year old woman sustained an industrial injury on 8-27-2014. Diagnoses include dizziness, insomnia, anxiety and depression, cervical spine sprain-strain, bilateral shoulder rotator cuff syndrome, thoracic spine sprain-strain, and headaches. Treatment has included oral medications and physical therapy. Physician notes dated 9-9-2015 show complaints of neck pain rated 6 out of 10, mid back pain rated 6 out of 10, and headaches rated 8 out of 10. The worker states she has numbness and tingling to bilateral cervical and upper thoracic areas 90% of the time as well as dizziness, anxiety and stress, and insomnia. The physical examination shows decreased range of motion with measurements to the cervical spine with normal reflexes in the bilateral upper extremities. Recommendations include cervical and thoracic spine MRIs, Naproxen, Prilosec, Fioricet, physiotherapy, and follow up in four weeks. Utilization Review denied a request for Naproxen on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg twice daily (unspecified quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long term use for due to increased risk for worsening cardiovascular, GI and stroke problems. Patient is on naproxen/anaprox chronically. There is no documentation of any improvement in pain or functional status on this medication. This request is incomplete with no total number of tablets submitted with request. Due to chronic use and incomplete request, this is not medically necessary.