

Case Number:	CM15-0205039		
Date Assigned:	10/21/2015	Date of Injury:	03/12/2014
Decision Date:	12/11/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/19/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 33-year-old female who sustained an industrial injury on 3-12-2014 and has been treated for neck sprain, lumbar sprain, and shoulder impingement. On 5-20-2015 the injured worker reported intermittent neck pain and headaches, with pain radiating into both shoulders rated as 3 out of 10; intermittent right shoulder pain with radiating numbness and tingling down the arm to the fingers rated at 4-7 out of 10; and, intermittent low back pain and muscle spasms with radiation into the buttocks, traveling down both legs with numbness and tingling. The injured worker reported that her back "locks." Objective examination revealed muscle spasm over the upper trapezius, tenderness and pain with neck motion; right shoulder positive impingement, Neer, Hawkins and empty-can supraspinatus tests; and, bilateral positive straight leg raises while lying, with tenderness over the low back muscles with palpation. Documented treatment includes unspecified right shoulder "therapy" with some relief noted, modified work, Norco, Flurbiprofen; and, Anaprox DS is documented in the medical record since at least 5-13-2015. Response to medication is not provided. The treating physician's plan of care includes Anaprox 550 mg #60, which was denied on 9-30-2015. The most recent note provided states the injured worker was to remain temporarily, totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tab 550mg, #60: 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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen sodium is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing neck pain with went into the right arm with numbness and tingling and lower back pain that went into the buttocks. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no documentation describing how often this medication was needed or taken, how long the benefit lasted, the worker's gastrointestinal and heart risks, or results of laboratory monitoring tests. The Guidelines stress the importance of on-going monitoring of both the benefits and risks of this medication, and long-term use carries increasing risks. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for sixty tablets of naproxen 550mg is not medically necessary.