

<b>Case Number:</b>	CM15-0028384		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/19/2014
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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: New York, West Virginia, Pennsylvania  
 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:

The injured worker is a 47 year old female, who sustained an industrial injury on 9/19/14. The injured worker has complaints of left lateral neck, to upper arm and entire back. The diagnoses have included arm pain; sprain/strain, cervical and sprain/strain, thoracic. Treatment to date has included chiropractic and medications. Lumbar spine X-rays showed no evidence of acute bony injuries or fractures. Thoracic spine X-rays demonstrated no evidence acute bony injuries or fractures. Left shoulder X-rays demonstrated no evidence of acute bony injuries or fractures, no evidence of calcifications. According to the utilization review performed on 1/21/15, the requested Tramadol ER 150mg #30 and Cyclobenzaprine 7.5mg #60 on the utilization review was noted to be not medically necessary, however weaning was recommended. The requested Naproxen EC DR 500mg #60 has been non-certified. California Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines were used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen EC DR 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

**Decision rationale:** Guidelines state that anti-inflammatory agents are the first line of treatment in the lowest dose for the shortest period to reduce pain so that function can increase, but long term use may not be warranted. In this case, there is no clinical documentation indicating that NSAIDs are more efficacious than acetaminophen. Furthermore, NSAIDs are not recommended for long term use. Thus the request for Naproxen EC #60 is not medically necessary and appropriate.