

Case Number:	CM15-0213604		
Date Assigned:	11/03/2015	Date of Injury:	04/21/2011
Decision Date:	12/14/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/30/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 36-year-old female, who sustained an industrial injury on April 21, 2011. The injured worker was currently diagnosed as having impingement syndrome acromioclavicular joint involvement with bicipital tendonitis, discogenic lumbar condition with radicular component down the left lower extremity, hip joint inflammation and element of depression, stress, and weight gain due to chronic pain and inactivity. Treatment to date has included diagnostic studies, physical therapy with little benefit, injections, hot and cold wrap, two-lead transcutaneous electrical nerve stimulation unit, and medication. On September 10, 2015, the injured worker complained of numbness and tingling along the hand and motion loss of her right arm. Tenderness along the rotator cuff was noted and abduction as no more than 90 degrees and decreasing. The AC joint was symptomatic with cross arm test being equivocal. On September 28, 2015, the injured worker complained of low back pain and pain over the left knee and left hip. She reported difficulty with prolonged standing and walking. Physical examination revealed tenderness along the lumbar paraspinal muscles, pain along the facets, and pain with facet loading. She also had pain along with left hip with abduction as well as the left knee, medial greater than lateral joint line. The treatment plan included Effexor, trazodone, Norco, Flexeril, and naproxen. A Request for Authorization was made for Norco, Flexeril and naproxen. On October 12, 2015, Utilization Review denied a request for naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg Qty 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).

Decision rationale: Per the MTUS guidelines cited, NSAIDs (non-steroidal anti-inflammatory drugs) are recommended for acute exacerbations of chronic back pain, as a second-line treatment after acetaminophen. They are also recommended as an option for short-term symptomatic relief for exacerbations of chronic low back pain. In osteoarthritis (including knee and hip), NSAIDs are recommended at the lowest dose for the shortest period in those with moderate to severe pain. For neuropathic pain, long-term evidence is inconsistent, but they may be useful to treat breakthrough pain. According to the treating physician's notes through October 29, 2015, the injured worker has had improved subjective function and pain was decreased 50%. However, although the underlying diagnoses may fit the specific recommendations for NSAID use, the use of naproxen is for acute exacerbations. Furthermore, the treating provider notes did not document objective improved function nor pain scores. Therefore, the request for naproxen 500mg #60 is not medically necessary and appropriate.