

Case Number:	CM15-0219177		
Date Assigned:	11/12/2015	Date of Injury:	01/28/2013
Decision Date:	12/24/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/06/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 31 year old male who sustained an industrial injury on January 28, 2013. The worker is being treated for: lumbar spine strain and sprain with left lower extremity radiculitis, thoracic spine strain and sprain, and cervical spine strain and sprain improved. Contributing factors noted PTSD. Subjective: May 20, 2015 he reported complaint of low back pain with repetitive bending and noted awakening in the morning with left buttock pain that continues throughout the day. He reported thoracic, cervical spine and left elbow doing well. There is also note of sleeping difficulty. Diagnostic: MRI lumbar spine 2013, radiography study February 2015, EMG NCV 2014. Medication: September 08, 2015: Naproxen. Treatment: May 20, 2015 noted POC diagnostic facet block injections noted authorized pending scheduling; walking for exercise, modified work activities. On October 04, 2015 a request was made for Naproxen 550mg #60 with one refill that was noncertified by Utilization Review on October 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 60 with 1 refill: 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 CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 5/20/15. Therefore prescription is not medically necessary and the determination is non-certification.