

Case Number:	CM15-0221120		
Date Assigned:	11/16/2015	Date of Injury:	07/07/2015
Decision Date:	12/29/2015	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/10/2015

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: Physical Medicine & Rehabilitation

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 is a 47 year old female who sustained a work-related injury on 7-7-15. She reported injuries to her lumbar spine, cervical spine, right shoulder and left wrist in a slip and fall incident. Medical record documentation on 10-27-15 revealed the injured worker was being treated for cervical strain, right shoulder strain with rotator cuff impingement symptoms, diffuse left wrist pain and lumbar strain with aggravation of degenerative disc disease. She rated her pain an 8 on a 10-point scale (9 on 8-25-15 and 9-22-15) and described the pain as aching, sharp and burning. Objective findings included lumbar spine range of motion with flexion to 40 degrees, extension to 5 degrees, right lateral bending to 20 degrees and left lateral bending to 25 degrees. She had tenderness to palpation over the lumbar midline and lumbar paraspinal muscles. Her left wrist was mildly tender over the dorsal ulnar region and her left wrist range of motion included dorsiflexion to 60 degrees, volar flexion to 60 degrees, radial deviation to 40 degrees and ulnar deviation to 20 degrees. Her sensation was intact to light touch in the bilateral upper extremities and bilateral lower extremities. She had one incident of tingling in the right foot during therapy but it was an isolated incident. Her motor strength was 5-5 in the bilateral lower extremities, left wrist and left hand. Her patellar and Achilles reflexes were 2+ and symmetric. Her treatment plan included home exercise program with physical therapy and using Naproxen (since at least 8-11-15) as a replacement for ibuprofen. A request for Naproxen 500 mg #60 was received on 11-2-15. On 11-5-15, the Utilization Review physician determined Naproxen 500 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents on 10/27/15 with improving lumbar spine, cervical spine, right shoulder, and left wrist pain. The pain is rated 8/10. The patient's date of injury is 07/07/15. The request is for Naproxen 500mg #60. The RFA is dated 11/02/15. Physical examination dated 10/27/15 reveals tenderness to palpation of the midline lumbar spine and paraspinal musculature, mild tenderness over the dorsal ulnar region, and an isolated point of tingling on the right foot. The patient is currently prescribed Ibuprofen. Patient is currently advised to return to work with light duties. MTUS Chronic Pain Medical Treatment Guidelines, Anti-inflammatory medications section, page 22 states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, Pain Outcomes and Endpoints section, page 8 states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life". In regard to the continuation of Naproxen for this patient's chronic pain, the requesting physician has not provided documentation of medication efficacy. This patient has been prescribed Naproxen since at least 08/11/15. Most recent progress report, dated 10/27/15 indicates that this patient was given Naproxen following the failure of Ibuprofen to control her symptoms. However, in the two most recent progress notes (09/22/15 and 10/27/15) the provider does not include discussion regarding how this medication improves her symptoms, stating: "... the pain level 9/10, the quality of pain is described as aching, stabbing, burning and sharp. It is made better by rest. It is made worse by..." While this patient presents with chronic pain for which oral NSAIDs are considered a first line option, without documentation of efficacy the continuation of this medication cannot be substantiated. The request is not medically necessary.