

Case Number:	CM15-0038434		
Date Assigned:	03/09/2015	Date of Injury:	01/29/2012
Decision Date:	04/10/2015	UR Denial Date:	02/12/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 30-year-old female, who sustained an industrial injury on 1/29/2012. The diagnoses have included chronic low back pain syndrome, lumbar radiculopathy, right wrist sprain/strain and left wrist sprain/strain. Treatment to date has included physical therapy, lumbar epidural steroid injection (ESI) and medication. According to the Primary Treating Physician's Progress Report dated 11/20/2014, the injured worker had complaints of constant, sharp, low back pain radiating to the bilateral legs to plantar area. Right wrist pain had completely resolved. Exam of the lumbar region revealed paravertebral tenderness along the midline of the spine. Treatment plan was to continue home exercises, continue wrist splints as needed and continue back brace. The injured worker was to continue Naproxen, Tramadol, Methoderm and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-64, 67-68, 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tramadol and on the Non-MTUS website, RxList.com-Naproxen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen is not medically necessary and appropriate.