

Case Number:	CM15-0041579		
Date Assigned:	03/11/2015	Date of Injury:	07/19/2012
Decision Date:	04/21/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Internal 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 49-year-old female with an industrial injury dated 07/19/2012. Initial complaints are documented as left wrist, lower back and leg pain. Treatment to date has included nerve conduction studies (noted in the 01/21/2015 record), epidural steroid injections, physical therapy, TENS unit, wrist brace, home exercises and medications. She presented on 01/21/2015 with complaints of back pain radiating into left leg. She rates pain as 4/10 with medications and 7.5/10 with medications. Physical exam revealed a normal gait. Lumbar spine range of motion was limited with tenderness and spasm noted. Left wrist was tender to palpation. Diagnoses were lumbar radiculopathy, low back pain and wrist pain. The injured worker states she uses Naprosyn at night time as it reduces pain and stiffness so she can sleep. The provider notes she is more functional with medications and continues to work full time duty as a youth instructor.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg quantity 30 with one refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory drugs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): 271, 308.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) addresses NSAIDs. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) indicates that NSAIDs are recommended for low back and wrist conditions. The progress report dated 1/21/15 documented the diagnoses of low back pain, lumbar radiculopathy, and wrist pain. Analgesia and benefit with medications were documented. Medical records document objective physical examination findings. Medical records document regular physician clinical evaluations and monitoring. ACOEM guidelines support the use of Naprosyn, which is a nonsteroidal anti-inflammatory drugs (NSAID), for low back and wrist conditions. Therefore, the request for Naprosyn is medically necessary.