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| Case Number: | CM15-0053219 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 06/06/2012 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/03/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 34-year-old male who sustained an industrial injury on 06/06/12. Initial complaints and diagnoses include neck sprain, thoracic sprain, cervicobrachial syndrome (diffuse), Lumbar sprain, brachial neuritis or radiculitis nos, unspecified site of sacroiliac sprain, Thoracic or Lumbosacral neuritis or radiculitis unspecified. Treatments to date include physical therapy and medications. Diagnostic studies include a nerve conduction study and MRI of the lumbar spine. Current complaints include low back pain radiating into the bilateral lower extremities. In a progress note dated 02/18/15, the treating provider reports the plan of care as physical therapy, cognitive behavioral therapy, and medications including omeprazole and naproxen. The requested treatment is naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, sixty count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 8; 68.

Decision rationale: The injured worker sustained a work related injury on 06/06/12. The medical records provided indicate the diagnosis of neck sprain, thoracic sprain, cervicobrachial syndrome (diffuse), Lumbar sprain, brachial neuritis or radiculitis nos, unspecified site of sacroiliac sprain, Thoracic or Lumbosacral neuritis or radiculitis unspecified, rotator cuff tear, shoulder impingement. Treatments have included physical therapy and medications. The medical records provided for review indicate Naproxen 550 mg, sixty count is not medically necessary. Naproxen is a Non-steroidal anti-inflammatory drug (NSAID). The MTUS recommends the use of the dose of the NSAIDs as an option for short-term symptomatic relief of chronic back pain. The records indicate the injured worker has used this medication for close to two years but there has been no improvement with the pain. The MTUS recommends discontinuation of any treatment modality if subsequent reassessment indicates the treatment is not beneficial.