MAXIMUS Federal Services

Case Number:	CM14-0103655		
Date Assigned:	07/30/2014	Date of Injury:	05/11/2012
Decision Date:	08/29/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/06/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 46-year-old female who reported an injury on 05/11/2012. The injured worker's mechanism of injury was noted to be an attack by a patient she was caring for. The injured worker's diagnoses were noted to be cervicalgia, brachial neuritis or radiculitis, and cervical disc displacement without myelopathy. The injured worker's prior treatments were noted to be acupuncture, massage therapy, biofeedback, chiropractic care, and physical therapy. The injured worker was seen for a follow-up visit on 03/07/2014 with complaints of neck pain, left shoulder pain, and right shoulder pain. She rated the pain a 5/10. Her pain was characterized as aching and with pressure. She stated the pain radiated to her right arm and head. She noted medications were helpful. The examination noted restricted range of motion of the cervical spine and tenderness in the trapezius muscles. There was right cervical lateral flexion with pain more on the left side and pain with cervical rotation. There were multiple trigger points on the right trapezius. The treatment plan included ice, heat, exercise, medications, and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recognize Naproxen as a non-steroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The clinical evaluation does not indicate signs and symptoms of osteoarthritis. In addition, the provider's request fails to indicate a frequency. Therefore, the request for Naproxen 500 mg #30 is not medically necessary.