

Case Number:	CM14-0132543		
Date Assigned:	08/22/2014	Date of Injury:	12/16/2009
Decision Date:	10/14/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	08/19/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old gentleman was reportedly injured on December 16, 2009. The mechanism of injury is noted as lifting a heavy pole. The most recent progress note, dated June 17, 2014, indicates that there are ongoing complaints of neck pain and low back pain radiating to the right greater than left lower extremity. There were also complaints of left shoulder pain, neck pain, and bilateral knee pain. Current medications include Celebrex, Flexeril, and gabapentin. The physical examination demonstrated tenderness along the lumbar spine and a normal lower extremity neurological examination. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes shoulder surgery x 3, a left and right carpal tunnel release, and a cervical spine epidural steroid injection. A request had been made for naproxen 500 mg and was not certified in the pre-authorization process on July 24, 2014.

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 Treatment Guidelines NSAID.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): e 66 & 73 of 127.

Decision rationale: According to the most recent progress note dated June 17, 2014, the injured employee is currently prescribed Celebrex. It is unclear why there is request for a another anti-inflammatory medication. Considering this, this request for Naproxen 500 mg is not medically necessary.