

Case Number:	CM14-0145518		
Date Assigned:	09/12/2014	Date of Injury:	12/29/2013
Decision Date:	10/29/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 28-year-old male who was injured on December 29, 2013. The patient continued to experience low back pain and right neck pain. Physical examination was notable for tenderness over the lumbar paraspinal muscle, and normal muscle strength in all limbs. Diagnoses included lumbar facet joint pain, lumbar facer arthropathy, chronic back pain, lumbar spine disc protrusion, lumbar spine sprain/strain, and chronic neck pain. Treatment included medications and acupuncture. Request for authorization for Naproxen 500 mg #60 was submitted for consideration.

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 NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Regarding the request for post-operative cold therapy unit shoulder immobilizer. ODG cites that.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that

the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been using NSAID medications since at least December 2013 and had not obtained analgesia. In addition the patient was currently taking ibuprofen while taking the naproxen, which is duplication of therapy. The duration of therapy and duplication of NSAID medications increase the risk of adverse effects with limited benefit. The request should not be authorized.