MAXIMUS Federal Services

Case Number:	CM14-0168354		
Date Assigned:	10/16/2014	Date of Injury:	10/24/2011
Decision Date:	11/18/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	10/13/2014

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 California. 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 47-year-old female who sustained an injury on 10/24/11. As per the 9/24/14 report, she presented with pain in the left side of the neck that radiated to the left shoulder to mid arm with no tingling, numbness or weakness. She rated the pain at 5/10. Examination revealed antalgic gait, guarding and spasm in the left trapezius, limited ROM of the cervical spine in flexion, extension, lateral rotation and lateral bending with increase in concordant pain in all planes, and decreased left shoulder ROM in all planes due to pain. X-ray of the cervical spine dated 4/7/14 revealed degenerative changes of the cervical spine with discogenic disease at C5-6 and C6-7 and x-ray of the left shoulder revealed calcific tendinitis of the left shoulder. Relevant past surgeries have included previous bilateral carpal tunnel release. She is currently on Naproxen, ibuprofen, Cyclobenzaprine, Claritin, Lantus, Zocor, Metformin, Nasonex, Novolog, Januvia, Benicar and ProAir inhaler. Previous treatments have included physical therapy, acupuncture and medications. The provider recommended medication optimization and physical rehabilitation including a home exercise program and imaging studies were recommended. In the letter, dated 10/8/14, by the patient, she reported that she absolutely does have numbness and tingling in the left arm and fingers (the 9/24/14 exam indicated no tingling and numbness) and that she needs naproxen for her pain control and that she does not use naproxen and ibuprofen together but uses ibuprofen as needed. Diagnoses include neck pain and shoulder pain. The request for Naproxen Sodium 550mg #60 was denied on 10/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #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 NSAIDs Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. The medical records do not demonstrate that this patient has obtained any benefit with the medication regimen. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function with prior use to demonstrate the efficacy of this medication. Long-term use of NSAIDs is not recommended, as chronic uses of NSAIDs are associated with GI and renal side effects. In the absence of objective functional improvement, refill of Naproxen is not medically necessary in accordance to guidelines.