

Case Number:	CM14-0180240		
Date Assigned:	11/04/2014	Date of Injury:	02/12/2013
Decision Date:	12/09/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/30/2014

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 Family Medicine and is licensed to practice in Utah. 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 51 year-old female. The patient's date of injury is 02/12/2013. The mechanism of injury is not stated. The patient has been diagnosed with cervical spine with right-sided trapezial myofasciitis, left shoulder sprain/strain, and bilateral impingement syndrome of the shoulder. The patient's treatments have included surgical intervention and medications. The physical exam findings dated August 12, 2014 shows she walks with a normal gait. The cervical pain radiates to her right upper extremity. The patient's medications have included, but are not limited to, Norco and Naproxen. The request is for Naproxen. It is unclear according to the clinical documents how long this medication was used and the outcomes of said use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 as needed: 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 (non-steroidal anti-inflammatory drugs) Page(s): 66-73.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Naproxen. Guidelines state that

these medications are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Documentation for activities of daily living, adverse side effects, and aberrant drug usage is unclear at this time. There is no documentation of the effectiveness of the medication noted. According to the clinical documentation provided and current MTUS guidelines; Naproxen is not indicated as a medical necessity to the patient at this time.