

<b>Case Number:</b>	CM14-0029236		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	09/14/2012
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	02/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 Management 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:

According to the records made available for review, this is a 57-year-old female with a 9/14/12 date of injury. At the time (1/24/14) of the request for authorization for Naproxen 550mg three (3) times a day, there is documentation of subjective (frequent neck and upper back pain) and objective (ranges of motion of the cervical spine were slightly restricted in all planes, multiple myofascial trigger points and taut bands noted through the cervical paraspinal, trapezius, levator scapulae, scalene, and infraspinatus musculature, Romberg is positive, sensation to fine touch and pinprick was decreased in the lateral and anterior aspects of the right arm and in the 1st, 2nd, and 3rd digits of the right hand) findings, current diagnoses (posttraumatic daily headaches due to closed head injury as well as cervicogenic, chronic myoligamentous injury cervical spine, and posttraumatic dizziness and cognitive dysfunction), and treatment to date (medication including ongoing use of Naproxen). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg three (3) times a day: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of posttraumatic daily headaches due to closed head injury as well as cervicogenic, chronic myoligamentous injury cervical spine, and posttraumatic dizziness and cognitive dysfunction. In addition, there is documentation of chronic pain and ongoing use of Naproxen. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions, an increase in activity tolerance, and/or a reduction in the use of medications or medical services with use of Naproxen therefore, based on guidelines and a review of the evidence, the request for Naproxen 550mg three (3) times a day is not medically necessary.