

Case Number:	CM14-0172068		
Date Assigned:	10/23/2014	Date of Injury:	01/12/2009
Decision Date:	08/04/2015	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and myofascial pain reportedly associated with an industrial injury of January 12, 2009. In a Utilization Review report dated October 6, 2014, the claims administrator failed to approve a request for naproxen. The claims administrator referenced an RFA form received on September 30, 2014 in its determination. The applicant's attorney subsequently appealed. In a work status report dated June 17, 2014, the applicant was returned to regular work. In an associated RFA form dated June 13, 2014, naproxen, Prilosec, Neurontin, Flexeril, and Terocin patches were renewed. In an associated progress note of the same date, June 17, 2014, the applicant reported ongoing complaints of hand, wrist, and forearm pain. The note was quite difficult to follow. It was suggested that the applicant continued to work on a part-time basis despite ongoing pain complaints. Multiple medications were renewed. Additional acupuncture was sought on the grounds that the applicant had not received prior acupuncture this year. In a handwritten note dated December 13, 2014, the applicant again reported ongoing complaints of neck pain radiating into the left arm. The applicant was using medications with benefit and was reportedly working regular duty at this point, it was stated. Some dysesthesias about the left hand were noted. Multiple medications, including naproxen, Prilosec, Flexeril, Neurontin, and Methoderm gel were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sod 550mg #100 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67, 68, and 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Yes, the request for naproxen, an anti-inflammatory medication, is medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first-line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here. Here, the applicant had responded favorably to ongoing usage of naproxen, it was reported on September 30, 2014. In addition to deriving appropriate analgesia with ongoing naproxen usage, the applicant demonstrated prima facie evidence of functional improvement as defined in MTUS 9792.20e with ongoing naproxen usage as evinced by her successful return to and maintenance of regular duty work status. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.