

Case Number:	CM14-0214258		
Date Assigned:	01/07/2015	Date of Injury:	02/10/2004
Decision Date:	02/28/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/22/2014

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 35 year old female with an injury date of 02/10/04. Based on the 10/31/14 progress report, the patient complains of low back pain, left lower extremity pain, and cervical spine pain. She rates her pain as a 6/10 with medications and an 8-9/10 without medications. The 11/26/14 report indicates that the patient has a throbbing pain affecting the left lower extremity and numbness/tingling affecting the right lower extremity if she stands or walks for long period of time. She rates her pain as an 8/10 with medications and a 10/10 without medications. The patient has mild bilateral paraspinous tenderness over the cervical region, a positive straight leg raise on the left at 40 degrees and on the right at 60 degrees, and hypesthesia in the left L4 and L5 dermatomes. The patient's diagnoses include the following: Cervical spine sprain/strain with 2-mm disc protrusions at C5-C6 and C6-C7 with mild right foraminal stenosis, Right upper extremity radicular symptoms, Thoracic spine sprain/strain, Lumbar spine sprain/strain with L4-L5 1-2 mm left foraminal disc protrusion with annular fissure, L5-S1 right posterolateral annular fissure and left 2 mm foraminal disc protrusion with moderate left foraminal stenosis, Left greater than right lower extremity radicular symptoms. The utilization review determination being challenged is dated 12/11/14. Treatment reports are provided from 07/07/14- 12/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory, Medication for chronic pain. Page(s): 22,60.

Decision rationale: The patient presents with low back pain, left lower extremity pain, and cervical spine pain. The request is for NAPROXEN 500 MG QTY: 60. The patient has mild bilateral paraspinal tenderness over the cervical region, a positive straight leg raise on the left at 40 degrees and on the right at 60 degrees, and hypesthesia in the left L4 and L5 dermatomes. The patient has been taking Naproxen as early as 07/07/14. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long term use may not be warranted." The patient has been taking Naproxen since 07/07/14. On 10/31/14, the patient rates her pain as a 6/10 with medications and an 8-9/10 without medications. On 11/26/14, she rates her pain as an 8/10 with medications and a 10/10 without medications. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater has documented general statements about the patient's pain levels. There is lack of documentation regarding what naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS page 60. The requested Naproxen IS NOT medically necessary.