

Case Number:	CM14-0215479		
Date Assigned:	01/02/2015	Date of Injury:	10/14/2014
Decision Date:	02/23/2015	UR Denial Date:	11/20/2014
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: Florida
 Certification(s)/Specialty: Family Practice

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 adult female with a date of injury of 10/14/2014. The mechanism of injury described is being hit in the head by a patient. After this incident the patient was diagnosed with a Contusion and Anxiety. According to the documentation, x-rays were performed and negative. Due to having headaches since the incident an MRI was requested. She also complained of worsening pain in her neck, low back, and bilateral knees. Examination demonstrated spasm, tenderness, and decreased sensation in the bilateral medial nerve distributio. Strength was noted to be 5/5 in the bilateral upper and lower extremities. A positive straight leg raise test bilaterally was observed, as was a positive McMurray's sign bilaterally, per the documentation. Work status is currently employed and not receiving disability benefits. This patient was perscribed Naproxen, a muscle relaxant, and Omneprazole. A utilization review physician did not certify the request, stating that the patient was already taking Ibuporfen according to the records, and that no indication of this NSAID medication being discontinued has been provided. The utilization review physician expressed concern regarding the patient potentially taking 2 NSAID medications, and likewise did not certify the request for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDS are recommended as an option for short-term symptomatic relief. These guidelines state, “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 MTUS guidelines do not recommend chronic use of NSAIDS due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.