

Case Number:	CM14-0217089		
Date Assigned:	01/07/2015	Date of Injury:	11/26/2012
Decision Date:	03/19/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/29/2014

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: New York, Tennessee
 Certification(s)/Specialty: Emergency 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 injured worker is a 39 year old male, who sustained an industrial injury on 11/26/12. He has reported pain in the neck and wrists. The diagnoses have included cervical radiculopathy, anxiety, bilateral carpal tunnel syndrome and depression. Treatment to date has included diagnostic studies, chiropractic therapy, wrist brace, TENs unit and oral medications. As of the PR2 on 12/1/14, the injured worker reported neck, wrist and hand pain, that increased with activity. Pending authorizations for psychiatric services, epidural injections and a repeat cervical MRI are noted in the PR2. The treating physician is requesting to continue current medications including Naproxen 550mg #60. On 12/16/14 Utilization Review non-certified a request for Naproxen 550mg #60. The UR physician cited the ACOEM and ODG guidelines. On 12/29/14, the injured worker submitted an application for IMR for review of Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving the medication since at least September 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized.