

Case Number:	CM15-0000929		
Date Assigned:	01/12/2015	Date of Injury:	06/28/2001
Decision Date:	03/06/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/05/2015

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: Arizona, California
 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 injured worker is a 57 year old female, who sustained an industrial injury on 6/28/2001. The mechanism of injury has not been provided with the clinical documentation submitted for review. The diagnoses have included status-post bilateral carpal tunnel release, status-post cervical spine fusion, and cervical spine degenerative discogenic disease with radiculopathy, lumbar spine radiculitis, left knee anterior cruciate ligament tear and bilateral trigger thumbs. Treatment to date has included medications, work and activity modifications and physical therapy. Currently, the IW complains of severe pain in her lower back. She is awaiting authorization for lumbar epidural steroid injection. Without medications, pain is described as 9 out of 10 in the knee and back. With medications, there is decreased pain by 75% or more and increased function and she can walk etc. Pain is described as 2 out of 10. She is currently attending physical therapy for the knee. Exam of the cervical spine reveals spasm, painful and decreased range of motion. There is facet tenderness and tenderness to palpation of the cervicotrachezial ridge. Exam of the wrists reveals scars bilaterally and a positive Phalen's test and Tinel test. Lumbar spine examination reveals spasm, and painful and limited range of motion. Straight leg raise test is positive bilaterally at 60 degrees. There is pain, motor weakness and decreased sensation. On 12/23/2014, Utilization Review non-certified a request for Naproxen Sodium 550mg #120, noting the provider notes do not adequately describe functional benefit and there is no documentation of an acute exacerbation of her symptoms. The MTUS was cited. On 01/05/2015, the injured worker submitted an application for IMR for review of Naproxen Sodium 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Section Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-69.

Decision rationale: NSAIDs are considered optional for exacerbations for chronic back pain. In this case, the claimant had been on opioids for several months for pain control which had provided 75% prior relief. There was no indication to add an NSAID to improve pain beyond 2/10. There was no indication of pain relief contribute from Naproxen alone. According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The Naproxen is not medically necessary.