MAXIMUS Federal Services

| Case Number: | CM15-0105006 | | |
|---|---|---|---|
| Date Assigned: | 06/16/2015 | Date of Injury: | 12/01/2012 |
| Decision Date: | 07/14/2015 | UR Denial Date: | 05/07/2015 |
| Priority: | Standard | Application Received: | 06/01/2015 |

## 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: 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 injured worker is 55-year-old female, who sustained an industrial injury on 12/1/12. She reported pain in her head, neck, shoulders, back and legs after a heavy object fell and knocked her down. The injured worker was diagnosed as having cervical radiculitis, thoracic sprain, lumbar radiculitis and sacroiliac joint pain. Treatment to date has included a cervical MRI, an EMG/NCS study of the upper extremities that was normal, physical therapy and oral medications including Naproxen and Flexeril. Ibuprofen was not beneficial. As of the PR2 dated 4/16/15, the injured worker reports pain in her cervical spine radiates to the upper extremities and pain in the thoracic and lumbar spine radiating to the bilateral lower extremities. She rates her pain a 7- 9/10. Objective findings include decreased cervical and lumbar range of motion due to pain, a positive straight leg raise test bilaterally and paracervical muscle spasms. The treating physician requested Naproxen 550mg #60.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-70.

**Decision rationale:** MTUS Guidelines support the judicious use of NSAIDs for inflammatory conditions. This individual's diagnosis includes medical issues that are associated with inflammation. The Naproxen is being recommended as an alternative to Ibuprofen, which was not effective. A trial of different NSAIDs is consistent with Guidelines. If there is no evidence of benefit and the drug is continued, its use can be re-reviewed at a future date. At his point in time, the trial of Napsoxen 550mg. #60 is supported by Guidelines and is medically necessary.