

Case Number:	CM15-0115723		
Date Assigned:	06/24/2015	Date of Injury:	03/16/2011
Decision Date:	07/23/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/17/2015

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 51 year old female, who sustained an industrial injury on 3/16/11. The injured worker was diagnosed as having chronic neck pain, cervical disc protrusion at C5-6, spondylosis, radicular symptoms in both arms, cervical nerve root compression, depression, and anxiety. Treatment to date has included epidural injections, physical therapy, a home exercise program, and medication including Naproxen and Norco. On 4/30/15 pain was rated as 6/10 and on 5/29/15 pain was rated at 6-7/10. The injured worker had been taking Naproxen since at least 1/8/15. Currently, the injured worker complains of neck pain radiating to both arms. The treating physician requested authorization for Naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen; Non-Selective NSAIDS.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation NSAIDS and pg 67.

Decision rationale: 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. In this case, the claimant had been on NSAIDs for over 6 months in combination with Norco with stable 7/10 pain scores. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.