

Case Number:	CM15-0138062		
Date Assigned:	07/28/2015	Date of Injury:	05/05/2003
Decision Date:	11/30/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/17/2015

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: California, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

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 53 year old male who sustained an industrial injury on May 05, 2003. The worker is being treated for: neck, bilateral shoulders and arm pain: Cervical disc disease, radiculitis, and chronic pain syndrome. Subjective: June 12, 2015, neck and bilateral shoulders and arm pain: noted experiencing high pain levels due to inability to obtain prescriptions and experiencing anxiety, headaches, depression and nausea. May 16, 2015: "neck, shoulders, arms, hands, and low back." Medication: June 12, 2015: Celexa, Xanax, Lyrica, Naproxen and Norco. June 12, 2015, reported unable to obtain Lyrica and Celexa with note of discontinuing Celexa for trial of Cymbalta, April 16, 2015, May 16, 2015, Norco, Lyrica, Celexa, and Naproxen. Treatment: pending authorization for acupuncture. On June 15, 2015 a request was made for Naproxen 550mg that was non-certified by Utilization Review on June 22, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 6/12/15. Therefore determination is not medically necessary.