

Case Number:	CM15-0170280		
Date Assigned:	09/10/2015	Date of Injury:	03/12/2014
Decision Date:	10/08/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/28/2015

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: Physical Medicine & Rehabilitation

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 40-year-old male who sustained an industrial injury on March 12, 2014 resulting in upper and lower back pain, and right shoulder and arm pain. Diagnoses have included brachial plexus injury and neuritis, C6 vertebral fracture, right shoulder impingement syndrome, right elbow musculoligamentous injury, and closed head trauma with loss of consciousness. Documented treatment includes right upper extremity repair surgery, H-wave, TENS unit, compression stocking on the right arm, and medication including Norco 10-325 mg and Gralise 600 mg. The injured worker presents with cervical spine pain, spasm and tenderness, and constant sharp pain in the right shoulder radiating to the hand, with popping and weakness which gets worse with activity. He also has low back pain and stiffness. The treating physician's plan of care includes 90 tablets of Naproxen 550 mg to be taken 1 every 8 hours if needed. The injured worker has work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 cap by mouth Q8hrs PRN #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. At this time, the patient continues to have functional response to oral NSAID, continuing to perform work restrictions, to support its continued use; however, further treatment consideration requires reassessment of its benefit. The Naproxen 550mg 1 cap by mouth Q8hrs PRN #90 is medically necessary and appropriate.