

Case Number:	CM15-0175227		
Date Assigned:	09/16/2015	Date of Injury:	08/20/2012
Decision Date:	10/20/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/04/2015

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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

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, male who sustained a work related injury on. The diagnoses have included cervical intervertebral disc displacement without myelopathy, cervical spinal stenosis, fibromyositis and depressed mood. Treatments have included physical therapy, oral medications and home exercises. Current medications include Naproxen, Prilosec and Tylenol. He has been taking Naproxen since at least 12-5-14. In the progress notes dated 5-1-15, the injured worker reports neck pain. Upon physical exam, he has decreased range of motion in his neck with "rightward" rotation. He has myofascial trigger points around the neck. He is currently not working. The treatment plan includes a functional capacity evaluation and a recommendation to trial work with modified duty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 mg tablet, Qty 60, take 1-2 tablets by mouth daily as needed: Upheld

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), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

Decision rationale: The patient is a 51 year old male with an injury on 08/20/2012. He has chronic neck pain. He has been treated with medications, physical therapy and a home exercise program. He has been taking Naproxen (NSAIDS) since at least 12/05/2014. On 05/01/2015, he had neck pain and decreased cervical range of motion. He has myofascial trigger points around his neck. MTUS, chronic pain guidelines note that NSAIDS are associated with an increased risk of GI bleeding, peptic ulcer disease, cardiovascular disease, liver disease and renal disease. Also, NSAIDS decrease soft tissue healing. MTUS guidelines note that the lowest dose of NSAIDS for the shortest period of time is recommended. He already had long-term treatment with Naproxen. Long-term use of NSAIDS is not recommended and the requested medication is not medically necessary.