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| Case Number: | CM15-0064309 | | |
| Date Assigned: | 04/10/2015 | Date of Injury: | 09/14/2005 |
| Decision Date: | 05/08/2015 | UR Denial Date: | 03/31/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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: North Carolina, Georgia
 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 41 year old female, who sustained an industrial injury on 09/14/2005. She reported bending down, turning on her right foot, and hitting her head on the top of a steel cross beam causing everything to go dark after she sat down. The injured worker was diagnosed as having degenerative disc disease of the cervical spine with radiculopathy, degenerative disc disease of the lumbar spine with radiculopathy, lumbar facet syndrome, and cervical adjacent segment disease. Treatment to date has included computed tomography of the cervical spine, magnetic resonance imaging of the lumbar spine, medication regimen, chiropractic therapy, physical therapy, status post fusion of cervical six and seven, status post left shoulder surgery, and trigger point injections in the upper back. In a progress note dated 02/10/2015 the treating physician reports complaints of increased tenderness to the upper trapezius, neck, and shoulder; mid back pain between the shoulder blades that is greater on the left with catching and pinching; shoulder popping; aching pain from the top of the head to the upper trapezius and to the low back; stabbing pain down the left thoracic spine; aching pain down the back of the legs; radiating pain down the left arm to the fingertips with aching and cramping; lumbar spine pain and hip pain that radiates down the legs; and complaints of migraines. The treating physician requested the medication Naproxen Sodium 550mg tablets with a quantity of 60 with the treating physician noting that this medication assists with her headaches.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guideline is clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprosyn 550 mg #60 does not meet the criteria of providing lowest dose of NSAID for the shortest time possible as this dose is the maximum dose allowable. There is no documentation of response to this dose or of any trials of lower doses of Naprosyn. Naprosyn 550 mg #60 is not medically necessary.