

Case Number:	CM15-0064689		
Date Assigned:	04/10/2015	Date of Injury:	12/03/2007
Decision Date:	06/12/2015	UR Denial Date:	03/24/2015
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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 59-year-old male, who sustained an industrial injury on 12/3/2007. The current diagnoses are cervical disc degeneration, cervical radiculopathy, lumbar disc degeneration, lumbar radiculopathy, chronic pain syndrome, and medication related dyspepsia. According to the progress report dated 3/23/2015, the injured worker complains of neck pain with radiation down his bilateral upper extremities, left greater than right. The pain radiates to the left shoulder and hand accompanied by frequent tingling and numbness. He reports frequent muscles spasms in the neck area. Additionally, he reports low back pain with radiation down his bilateral lower extremities, left greater than right. The pain is rated 8/10 with medications and 9/10 without. Medications prescribed are Lidoderm 5% patch, Naproxen, and Tylenol with Codeine. Treatment to date has included medication management, X-rays, MRI/MRA studies, physical therapy, home exercise program, acupuncture, Toradol injections, electro diagnostic testing. The plan of care includes prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaid
Page(s): 67.

Decision rationale: The medical records provided for review support a condition of musculoskeletal pain and reports persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type but there is no evidence of long-term effectiveness for pain. As such, the medical records provided for review do support the use of naproxen for the insured, as there is indication of persistent pain despite acetaminophen. This request is medically necessary.