

Case Number:	CM15-0064714		
Date Assigned:	04/10/2015	Date of Injury:	07/02/2007
Decision Date:	05/18/2015	UR Denial Date:	03/18/2015
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: California
 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 63 year old female who sustained an industrial injury on 7/2/07 when she fell backward down stairs resulting in injuries involving her cervical, thoracic and lumbar spine and right shoulder. She received x-rays, right shoulder MRI, physical therapy and pain medication. These did not help. In 2009 she had surgery 3/25/09. She currently complains of cervical, thoracic and lumbar spine and right shoulder pain with neck pain most severe. Her pain intensity is 6/10. Medications include aspirin, Tramadol, naproxen, omeprazole. Her symptomatology is significantly improved with the medications. With medications she has increased ability in performing her activities of daily living. Diagnoses include cervical, thoracic and lumbar spine sprain/ strain; status post arthroscopy, right shoulder; degenerative changes of the cervical spine. Treatments to date include medications, physical therapy. Diagnostic include MRI of the cervical spine (12/13/11) with abnormal findings; cervical spine x-rays (11/18/14). In the progress note dated 2/17/15 the treating provider's plan of care includes refill on naproxen as medications help her with activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS Tablets 550MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21-22, 66.

Decision rationale: According to the MTUS guidelines, Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. According to the MTUS guidelines, 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. In this case, the medical records indicate evidence of subjective and objective functional improvement with the use of Naproxen. This medication is a first line non-steroidal anti-inflammatory medication and the request is supported. The request for Naproxen Sodium Ds Tablets 550MG is medically necessary and appropriate.