

Case Number:	CM15-0066087		
Date Assigned:	04/13/2015	Date of Injury:	05/16/2007
Decision Date:	05/15/2015	UR Denial Date:	03/28/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, 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 65 year old female, who sustained an industrial injury on May 16, 2007. The injured worker has been treated for neck and right arm pain. The diagnoses have included myofascial pain syndrome, cervical radiculopathy, cervical degenerative disc disease, right shoulder sprain, cervical sprain and right arm sprain. Treatment to date has included medications, electro diagnostic studies, radiological studies, physical therapy and a home exercise program. Current documentation dated January 21, 2015 notes that the injured worker reported pain in the bilateral shoulders with acute spasms and some numbness. Examination showed a negative Spurling's test and a positive right impingement test. There were trigger points noted in both shoulders. The patient has had MRI of the cervical spine on 6/20/2008 that revealed disc bulge with stenosis, degenerative changes. The documentation referenced was difficult to decipher. The treating physician's plan of care included a request for retrospective Naproxen Sodium 550 mg # 100. The medication list include Flexeril, Omeprazole and Naprosyn. Patient has received 24 PT visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen Sod 550mg #100, provided on date of service: 1/21/15:
 Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

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

Decision rationale: Request: Retrospective request for Naproxen Sod 550mg #100, provided on date of service: 1/21/15. Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment 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. (Van Tulder-Cochrane, 2000). Patient is having chronic pain and is taking Naproxen for this injury. The diagnoses have included myofascial pain syndrome, cervical radiculopathy, cervical degenerative disc disease, right shoulder sprain, cervical sprain and right arm sprain. Current documentation dated January 21, 2015 notes that the injured worker reported pain in the bilateral shoulders with acute spasms and some numbness. Examination showed positive right impingement test. There were trigger points noted in both shoulders. The patient has had MRI of the cervical spine on 6/20/2008 that revealed disc bulge with stenosis, degenerative changes NSAIDS like naproxen are first line treatments to reduce pain. Retrospective request for Naproxen Sod 550mg #100, provided on date of service: 1/21/15 use is deemed medically appropriate and necessary in this patient.