

Case Number:	CM15-0072984		
Date Assigned:	04/23/2015	Date of Injury:	05/09/2001
Decision Date:	06/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/16/2015

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 41 year old male with an industrial injury dated May 9, 2001. The injured worker diagnoses include lumbar radiculopathy, left foot pain, left knee pain, fibromyalgia, anxiety, depression, generalized pain and history of dental damage. He has been treated with diagnostic studies, prescribed medications and periodic follow up visits. According to the progress note dated 3/24/2015, the injured worker reported neck pain radiating down to bilateral upper extremities, low back pain radiating down the bilateral lower extremities, upper extremity pain, daily headaches and insomnia with associated pain. The injured worker rated pain as 8/10 with medications and 10/10 without medications. Objective findings revealed moderate distress, slow gait, 18/18 fibro tender points, spasm at L4-S1, moderate to severe limited lumbar range of motion, and decreased sensation at L5-S1 in bilateral lower extremities. Treatment plan included x-ray request, medication management and follow up appointment. The treating physician prescribed Naprosyn 500mg #60 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67 - 69.

Decision rationale: The patient is a 41 year old male with an injury on 05/09/2001. He has neck pain radiating to upper extremities and back pain radiating to his lower extremities. He also has fibromyalgia. 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. The lowest dose of NSAIDS for the shortest period of time is recommended. Long term use of NSAIDS is not recommended and the requested medication is not medically necessary.