

Case Number:	CM15-0077198		
Date Assigned:	04/28/2015	Date of Injury:	05/31/2011
Decision Date:	07/03/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/22/2015

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 38 year old female, who sustained an industrial injury on 05/31/2011. She has reported subsequent low back pain and was diagnosed with recurrent low back strain and deconditioned lower back. Treatment to date has included oral pain medication and TENS unit. In an agreed medical examination dated 01/22/2015, the injured worker complained of intermittent low back pain that radiated down the bilateral buttocks. Objective findings were notable for decreased range of motion of the lumbar spine, palpation of the back and mild tenderness of the L4-L5. A request for authorization of Naproxen was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 x 5 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 21-22, 72-73.

Decision rationale: According to the 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. The medical records note that the injured worker has returned to work and there is no evidence of side effects noted with the utilization of Naproxen. The request for a first line non-steroidal anti-inflammatory medication such as Naproxen is supported. The request for Naproxen 550mg #60 x 5 refills is medically necessary and appropriate.