

Case Number:	CM15-0077508		
Date Assigned:	04/28/2015	Date of Injury:	02/26/2004
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
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: 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 56 year old male who sustained an industrial injury on 02/26/2004. Diagnoses include status post prior cervical fusion (date unknown). Treatment to date has included diagnostic studies, medications, and stretching exercises. He takes Naproxen for his pain. The most recent physician progress note dated 09/09/2014 documents the injured worker is complaining of constant neck and back pain, which is intermittent. The back pain becomes intense with spasms and radiates down into the buttocks. He occasionally feels light-headed and dizzy, but not as intense as in the past couple of years. A cervical Magnetic Resonance Imaging revealed prior fusion at C5-6, and associated with disc osteophyte complex and neural foraminal stenosis at multiple levels. The Magnetic Resonance Imaging of the lumbar spine done on 08/25/2014 revealed about a 4-5mm disc protrusion at L3-4 and a 3mm one at the L4-5 level with degenerative facet changes and bilateral foraminal stenosis. There is also a 3mm disc protrusion at the L2-3 level. Treatment requested is for Naproxen tab 500mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen tab 500mg #60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS: 2010 Revision, Web Edition; Official Disability Guidelines (ODG): Web Edition.

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

Decision rationale: The patient is a 56 year old male with an injury on 02/26/2014. He had a cervical fusion. He has neck pain and back pain. 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. MTUS guidelines note that 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.