

Case Number:	CM15-0078531		
Date Assigned:	04/29/2015	Date of Injury:	01/29/2012
Decision Date:	05/28/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	04/24/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 31 year old female, who sustained industrial injuries on 12/31/2010; CT 5/2006-11/2012. Diagnoses have included lumbar spine radiculopathy, lumbar sprain/strain and bilateral wrist sprain/strain. Treatment to date has included wrist splints, physical therapy, epidural steroid injection and medication. According to the progress report dated 1/29/2015, the injured worker complained of constant, sharp, low back pain radiating to bilateral legs. Right wrist pain had resolved. Exam of the lumbar region revealed paravertebral tenderness along the midline of the spine. Exam of the bilateral hands revealed positive Phalen's sign. There was bilateral positive Tinel sign. Authorization was requested for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (unspecified dosage/ quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22; 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Naproxen (unspecified dosage/quantity) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for Naproxen is not medically necessary, as there is no specified dose or quantity.