

Case Number:	CM14-0142826		
Date Assigned:	09/10/2014	Date of Injury:	06/04/2012
Decision Date:	10/20/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/03/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records, presented for review, indicate that this 38-year-old female was reportedly injured on June 4, 2012. The most recent progress note, dated December 10, 2013, indicated that there were ongoing complaints of left elbow pain, left wrist pain, knee pain, and low back pain. The physical examination demonstrated tenderness of the left elbow olecranon and over the dorsum of the left wrist. Examination of the lumbar spine revealed muscle guarding and pain at the end range of motion. There was tenderness along the lumbar spine paraspinal muscles and the spinous processes. Examination of the knees revealed mild popping and crepitus with motion bilaterally. Diagnostic imaging studies of the left knee showed a possible meniscal tear. Nerve conduction studies of the lower extremities were normal. An MRI of the lumbar spine showed disc protrusions at L4 through S1. Previous treatment included physical therapy and chiropractic care. A request had been made for Naproxen Sodium 550 mg and was not certified in the pre-authorization process on August 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg tablets: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naproxen are traditional first-line treatment to reduce pain and improve function. According to the most recent progress note available dated December 10, 2013, the injured employee was stated to be using Ibuprofen three times per day. Considering this, it is unclear why there is a request for another NSAID. Additionally, there was no stated pain relief from the prior usage of Ibuprofen. This request for Naproxen Sodium is not medically necessary.