

<b>Case Number:</b>	CM17-0019011		
<b>Date Assigned:</b>	02/03/2017	<b>Date of Injury:</b>	11/02/2016
<b>Decision Date:</b>	02/28/2017	<b>UR Denial Date:</b>	01/20/2017
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2017

### 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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a 45-year-old female who has filed a claim for neck, shoulder, and arm pain reportedly associated with an industrial injury of November 2, 2016. In a utilization review report dated January 20, 2017, the claims administrator failed to approve a request for Naprosyn. The claims administrator referenced a January 6, 2017 date of service in its determination. The applicant subsequently appealed. On November 2, 2016, work restrictions were imposed. The applicant presented with complaints of neck, shoulder, and arm pain. On a subsequent visit dated November 3, 2016, the applicant was placed off of work, on total temporary disability. On an RFA form dated December 20, 2016, MRI imaging of the cervical spine was ordered. On an associated office visit dated December 16, 2016, the applicant was described as having issues with shoulder and arm pain with associated numbness and tingling. The attending provider reiterated his request for MRI imaging of the cervical spine to rule out a disc protrusion. Overall commentary was sparse. Bending, lifting, pushing, and pulling remained problematic, the attending provider noted. 5/10 pain complaints were noted. No seeming discussion of medication selection and/or medication efficacy transpired, with the attending provider stating in one section of the note that the applicant was not using any medications. On the January 6, 2017 office visit at issue, the applicant reported issues with neck, shoulder, and arm pain. The attending provider reiterated his request for cervical MRI imaging. Norflex was prescribed. The attending provider framed the request for Norflex as a continuation request, stating that he advised the applicant to "continue with orphenadrine." The attending provider stated that the applicant had "incapacitating" symptoms, suggesting the applicant was not, in fact, working with

a rather prospective 2-pound lifting limitation. Naprosyn was prescribed at the bottom of the note. The request for Naprosyn, thus, seemingly represented a first-time request for the same, the attending provider suggested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen 500mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2016.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Neck and Upper Back Complaints 2004, Section(s): Summary.

**Decision rationale:** Yes, the request for Naprosyn, an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. The request in question was framed as a first-time request for Naprosyn on the January 6, 2017 office visit at issue. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, NSAIDs such as Naprosyn are "recommended" in the evaluation and management of applicants with neck and upper back pain complaints, as were/are present here. In a similar vein, the MTUS Guideline in ACOEM Chapter 3, Table 3-1, page 49 likewise notes that NSAIDS such as Naprosyn are "recommended" as part of the initial approaches to treatment. Therefore, the first-time request for Naprosyn was medically necessary.