

Case Number:	CM13-0009857		
Date Assigned:	11/22/2013	Date of Injury:	08/13/2008
Decision Date:	01/30/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. 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 physician 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 underlying date of injury in this case is 08/13/2008. The patient is a 51-year-old woman who has been treated for chronic low back pain and neck pain. The initial physician reviewer notes that naproxen of 550 mg #60 would place the patient at risk for potential side effects from long-term nonsteroidal anti-inflammatory use, and therefore the reviewer non-certified that request. The reviewer also non-certified acupuncture pending additional information regarding the total number of acupuncture treatments to date along with past functional improvement from such treatment. A doctor's first report of 04/03/2013 noted the patient had been taking Aleve from her primary care provider and also had been taking Prilosec for gastrointestinal problems possibly due to medications. The treating diagnoses included cervical radiculopathy, cervical degenerative disc disease, mild low back pain, fibromyalgia, right shoulder complaints, and right hip complaints. Further, the treatment provider recommended a pain management consultation and a recommendation for the pain physician to take over that treatment. The patient was seen in interventional pain management evaluation on 08/09/2013. At that time the patient's medications included naproxen 550 mg b.i.d., omeprazole, and hydrocodone. The patient reported the medications reduced her symptoms but that she would like to come off of those medications slowly. The treating provider indicated a plan to discontinue over-the-counter Aleve and try naproxen as well as Prilosec for gastric protection and a trial of Cymbalta. On 05/14/2013, the patient was seen in followup. The treating provider noted the patient had about 25 visits of chiropractic in the past and about 10 visits of acupuncture. The patient reported she was sleeping about 6 hours at night. Electrodiagnostic studies had recently confirmed a right L4 radiculopathy. The treating provider requested acupuncture to help decrease the patient's pain and increase her a

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Naproxen Sodium 550mg #60 between 5/21/2013 and 5/21/2013: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAID)'s- Gastrointestinal.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medication/Specific Medications Page(s): 69.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications/specific medications, page 69, state, "If long-term or high-dose therapy is required, full-dose naproxen (500 mg twice a day) appears to be the preferred choice of NSAID." I would additionally note that the Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, state, "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 guidelines therefore recommend specifically weighing risks versus benefits in considering gastrointestinal prophylaxis when prescribing anti-inflammatory medications. The prior reviewing physician noted that high-dose naproxen or Naprosyn was not supported given the patient's use of gastrointestinal prophylaxis. The medical records do specifically support the use of higher dose naproxen as a preferred dosage if properly followed by the treating physician with regard to systemic or gastrointestinal side effects. These guidelines have specifically been documented in this case. This request is medically necessary.

Prospective request for six (6) Acupuncture sessions between 5/21/2013 and 5/21/2013: 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 Acupuncture.

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on acupuncture 24.1, state, "Acupuncture treatment may be extended if functional improvement is documented as defined in section 92.20." The medical records at this time do not document such specific functional impairment from past acupuncture but rather discuss benefits of such treatment in generalized and nonspecific terms. The medical records and guidelines do not support this request.