

<b>Case Number:</b>	CM13-0027896		
<b>Date Assigned:</b>	11/22/2013	<b>Date of Injury:</b>	05/12/2001
<b>Decision Date:</b>	02/03/2014	<b>UR Denial Date:</b>	09/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2013

### 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 Pain Management has a subspecialty in Disability Evaluation 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:

As per medical record reviewed, the claimant is a 53-year-old female who sustained an injury on 05/12/2001 while bending over to get trays. The claimant describes the current pain as moderate and constant. The pain is in the back and both legs as well as neck and arm pain. An MRI of the lumbar spine on 01/21/13 reveals spinal stenosis at L2-3 through L4-5 and at L5-S1 there is a 2 mm anterolisthesis of L5 on S1, and mild facet degenerative changes. An EMG of the bilateral lower extremities on 01/21/13 reveals mild irritability in the right S1 posterior ramus distribution, and borderline abnormal conduction of the peroneal nerve from the ankle to above the fibula head. A bone scan on 05/02/13 reveals focal abnormal uptake of the right L4-5 and L5-S1 facets, minimal stenosis at L4-5 and no nerve compression. The claimant received a L5-S1 facet injection and had decreased symptoms following it. The claimant also underwent an arthroscopic hip surgery. The claimant has been prescribed Flexeril and Voltaren. The claimant is currently working. At issue is the prescription of DayPro 600 mg for pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**DayPro 600 mg:** Upheld

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

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

**Decision rationale:** The California MTUS page 73 of 127, on Oxaprozin (Daypro®<sup>®</sup>, generic available): 600 mg. Dosing: Osteoarthritis: Two 600 mg caplets (1200 mg total) given PO once daily. The maximum dose is 1800 mg/day (26 mg/kg, whichever is lower). For patients with low body weight (i.e., < 50 kg or 110 pounds), an initial dosage of 600 mg PO once daily is recommended. Patients with severe renal impairment should initiate therapy at 600 mg/day. An increase to 1200 mg can be cautiously increased, but only with close monitoring. For quick onset of action, a one-time loading dose of 1200 to 1800 mg can be given (do not exceed 26 mg/kg). Mild to moderate pain: Used off-label. (Daypro®<sup>®</sup> Package Insert) Piroxicam (Feldene®<sup>®</sup>, generic available): 10, 20 mg. Dosing: Osteoarthritis: 20 mg PO once daily. Adjust dose, as needed. The daily dose may be divided in two doses, if desired. This drug has a long half-life and steady state is not reached for 7-12 days. There is a progressive response over several weeks and therapy effect should not be assessed for two weeks after initiating therapy. Elderly: Initially, 10 mg PO once daily. Adjust dose, as needed, up to 20 mg/day. Pain: Not recommended. (Feldene Package Insert). Based on the guideline, Daypro 600mg daily is not recommended for pain management, hence it is not medically necessary