MAXIMUS Federal Services

Case Number:	CM13-0030289		
Date Assigned:	11/27/2013	Date of Injury:	02/15/2009
Decision Date:	01/27/2014	UR Denial Date:	09/18/2013
Priority:	Standard	Application Received:	09/26/2013

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 Internal Medicine, Pulmonary Diseases 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 patient is a 36-year-old female who reported an injury on 02/15/2009. The mechanism of injury was not specifically stated in the medical records. The patient's symptoms were noted to be lower back pain, left knee pain, and swelling in the left knee. Her medications are listed as baclofen 10 mg 3 times a day as needed, Lexapro 20 mg a day, Lidoderm 5% patch 12 hours per day, nortriptyline 25 mg 1 to 2 at bedtime, omeprazole 20 mg daily, Dilaudid 2 mg twice daily as needed, Lyrica 100 mg 3 times a day, Naprosyn 500 mg twice a day as needed, and Icy Hot topical medication. Her diagnoses are listed as lumbar sprain, low back pain, and lumbar degenerative disc disease. It was noted in her most recent office note that the patient was stable on her medications as they reduced her pain to a tolerable level, she feels more relaxed, she is able to complete her ADLs, and she is comfortable with the use of her medications. It specifically states that the patient feels Naprosyn is very effective for the inflammation and pain for her left knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 19-20.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: California MTUS Guidelines state that NSAIDs are recommended as an option for short-term symptomatic relief of chronic back pain. It is noted that a review of literature on drug relief for low back pain suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. Additionally, NSAIDs had more adverse effects than placebo and acetaminophen, but fewer than muscle relaxants and narcotic analgesics. Additionally, the guidelines state that for neuropathic pain, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain conditions, such as osteoarthritis in with neuropathic pain. The patient has been shown to have lower back and knee pain related to diagnoses that include pain disorder, status post back injury, degenerative disc disease, and physical limitations due to pain. The documentation also indicates that the risks and benefits of her medications were discussed with the patient and she expressed full understanding of all the benefits and risks of the medicines and was happy on her medication regimen which she has been on for greater than 6 months. However, objective evidence of functional improvement was not provided to support continued use. Therefore, the request is non-certified.