

Case Number:	CM13-0034096		
Date Assigned:	12/11/2013	Date of Injury:	12/01/2010
Decision Date:	04/29/2014	UR Denial Date:	09/13/2013
Priority:	Standard	Application Received:	10/15/2013

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 Family Medicine and is licensed to practice in Arizona. 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 patient is a 50-year-old male who suffered an industrial injury on 12/01/2010 in which he injured his neck, low back and rib cage. The diagnoses include cervical disc herniation with radiculitis, lumbosacral sprain, thoracic musculoligamentous strain, insomnia, gastritis secondary to medication use, and hiatal hernia. The subjective complaints are of ongoing neck pain with radiation, and low back pain. There is MRI documentation of herniated cervical discs at the C3-4, C4-5 and C5-6 levels. Also documented was disc bulges at T4-5, T5-6 and T6-7, as well as a herniated disc at T8-9. The physical exam shows cervical and lumbar paraspinal muscle tenderness, positive Spurling's test in the cervical region, along with positive straight leg raising test. He has had chiropractic therapy, as well as physical therapy, and has used a transcutaneous electric nerve stimulation (TENS) unit. His medications have included Cyclobenzaprine, Fexmid and Anaprox (naproxen potassium), the latter of which induced gastritis and bloating.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX 50 MG TWO TIMES A DAY #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69. Decision based on Non-MTUS Citation Articles by Namaka(2004) and Gore(2006) on NSAIDS, GI Symptoms and Cardiovascular and Renal Risk.

Decision rationale: The Chronic Pain Guidelines suggests that if dyspepsia occurs secondary to non-steroidal anti-inflammatory drug (NSAID) therapy, the offending NSAID should be stopped, switch to a different NSAID, or consider an H2-blocker or proton pump inhibitor. For this patient, the use of Anaprox had previously induced dyspepsia, and the patient had a hiatal hernia; increasing the likelihood of non-steroidal anti-inflammatory drugs (NSAIDs) causing gastrointestinal side effects. Due to previous side effects from this medication, and clear guideline suggestions to switch or discontinue NSAIDs, the continued use of Anaprox is not medically necessary.