MAXIMUS Federal Services

Case Number:	CM13-0034672		
Date Assigned:	12/11/2013	Date of Injury:	08/10/1992
Decision Date:	01/23/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/15/2013

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:

This claimant is a 60-year-old male with a reported date of injury of 08/10/1992; the mechanism of injury was not described by the records. He was seen on 08/01/2012 by his primary treating physician and subjective complaints included depression, discouragement, and anger. He was seen again on 12/20/2012 and medications at that time included Naprosyn EC 500 mg, Prilosec 20 mg, and Ultram. He had posterior lumbar tenderness at that time, as well as joint line tenderness and painful range of motion to his right knee. He underwent a lumbar epidural steroid injection on 04/19/2013 and returned to clinic on 09/12/2013 with continued use of Naprosyn. He again had right knee osteoarthritis on exam and it was noted he had a grade I spondylolisthesis at L5-S1 with radiculitis. He was seen on 10/24/2013 with pain rated at 7/10 on a constant basis. He also reported burning, numbness, as well as tingling sensation to the low back and legs. Diagnosis at that time was lumbar spine radiculitis and plan was to prescribe Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn EC 500mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cadiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: MTUS chronic pain guidelines state, in regards to NSAIDs for back pain "Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP... There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain." MTUS chronic pain guidelines state, in regards to the dosage of naproxyn, it should be "250-500 mg PO twice daily." For Naprosyn EC, MTUS chronic pain guidelines state "375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months)." The records indicate this claimant may have been on this medication for a significant length of time. The records indicate he has been on this medication when he was seen on 04/11/2013 and was continued on this medication when he was seen on 09/12/2013. The records do not indicate he has had current liver function or renal function tests to determine this medication is not causing significant problems for him. The records indicate on his last clinical visit, his pain was still rated at 7/10 indicating overall efficacy of this medication has not been demonstrated. Current status of this claimant was not provided for this review as the records are silent after 10/24/2013. Therefore, due to lack of overall efficacy of this medication, this claimant being on this medication for a significant length of time without current lab studies to determine that it is not causing significant problems for him, and lack of documentation of the current status of this claimant in regard to this medication, this request is not considered medically necessary and is non-certified.