

Case Number:	CM13-0034963		
Date Assigned:	12/11/2013	Date of Injury:	05/23/1997
Decision Date:	02/28/2014	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 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 & 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 patient sustained an injury on 5/23/97. Request under consideration include Naproxen 550mg #60 for chronic low back pain which was non-certified on 9/13/13 as there were no submitted clinical examination findings or office visit provided to support for medication request. Report of 8/21/13 from [REDACTED] noted patient's overall condition has remained stable. X-rays show stable surgery and request for physical therapy will be requested. Current complaints include lower back pain with altered feeling or sensation in thigh and knee area and tope of feet; neck pain occasionally radiating into left upper extremity with tingling sensation. Exam showed limited cervical and lumbar range from 60-100% of normal; mild muscle spasm and tenderness in cervical and lumbar spine; sensation decreased on top of both feet bilaterally, at anterior thighs and knee areas; usual gait is slow and flexed forward. Diagnoses include chronic low back pain, residual two lumbar surgeries in 2005 and 2012 (details unknown but appear to have L3-S1 fusion) with residual paresthesia and hypesthesia; Cervical strain with intermittent radicular symptoms to left upper extremity. Treatment plan include finishing 12 visits of PT and Medications to include Naproxen, Neurontin, Vicodin, and Prevacid visits and to continue a home exercising and stretching as tolerated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics 11th ed. McGraw Hill, 2006; Physician's Desk Reference 65th ed. www.RxList.com; ODG Workers Compensation Drug Formulary, www.odg.twc.com/odgtwc/formulary.htm-drugs.com-Epocrates Online, www.online.epo

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: This patient sustained an injury on 5/23/97. Report of 8/21/13 from [REDACTED] noted patient's overall condition has remained stable. X-rays show stable surgery and request for physical therapy will be requested. Current complaints include lower back pain with altered feeling or sensation in thigh and knee area and tope of feet; neck pain occasionally radiating into left upper extremity with tingling sensation. Exam showed limited cervical and lumbar range from 60-100% of normal; mild muscle spasm and tenderness in cervical and lumbar spine; sensation decreased on top of both feet bilaterally, at anterior thighs and knee areas; usual gait is slow and flexed forward. Diagnoses include chronic low back pain, residual two lumbar surgeries in 2005 and 2012 (details unknown but appear to have L3-S1 fusion) with residual paresthesia and hypesthesia; Cervical strain with intermittent radicular symptoms to left upper extremity. Request under consideration include Naproxen 550mg #60 for chronic low back pain which was non-certified on 9/13/13 as there were no submitted clinical examination findings or office visit provided to support for medication request. 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. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for an injury of 1997 nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs is a second line medication after use of acetaminophen especially in light of side effects of gastritis as noted by the provider. Naproxen 550mg #60 for chronic low back pain is not medically necessary and appropriate.