

Case Number:	CM13-0042609		
Date Assigned:	04/09/2014	Date of Injury:	05/30/1996
Decision Date:	05/08/2014	UR Denial Date:	10/04/2013
Priority:	Standard	Application Received:	10/30/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This patient is a 63-year-old male with date of injury 05/30/1996. Per treating physicians report 09/27/2013, the patient presents with neck pain with radiation into bilateral upper extremities, low back pain into bilateral lower extremities at intensity of 5/10 with medications and 9/10 without medications. Listed diagnoses are cervical disk degeneration, cervical facet arthropathy, cervical radiculopathy, status post cervical spinal fusion, lumbar facet arthropathy, lumbar radiculopathy, chronic pain, and left plantar fasciitis. Under discussion, the patient was awaiting orthopedic spine surgeon through MPN. Listed medications prescribed are gabapentin, Lidoderm patches, naproxen, Norco, Pennsaid, Protonix, and Soma.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MEDICATION REVIEW FOR NAPROXEN SODIUM 550 MG #60 AS AN OUTPATIENT FOR LOW BACK PAIN BETWEEN 10/3/2013 AND 11/17/2013:

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS Page(s): 22.

Decision rationale: This patient presents with chronic neck and low back pain with history of cervical fusion. The treating physician has prescribed naproxen #60 to be taken twice daily. California Medical Treatment Utilization Schedule (MTUS) Guidelines page 22 states, "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. A comprehensive review of clinical trials on the efficacy and safety of the drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs in chronic low back pain and of antidepressants in chronic low back pain." MTUS Guidelines page 60 also requires documentation of pain and function with use of medications for chronic pain. In this case, the treating physician states that without medications pain level is at 9/10, when with medications it drops to 5/10. It also documents some of the activities of daily living that are improved with use of medication. Given the support from MTUS Guidelines for use of Non-steroidal anti-inflammatory drugs (NSAIDs) for chronic low back pain, recommendation is for authorization.