

Case Number:	CM13-0053263		
Date Assigned:	04/09/2014	Date of Injury:	02/27/2006
Decision Date:	05/23/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/04/2013

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of psychotherapy; transfer of care to and from various providers in various specialties; spinal cord stimulator trial; prior lumbar spine surgery; and an intrathecal pain pump. In a utilization review report of October 8, 2013, the claims administrator apparently denied a request for Naprosyn, noting that there was no clear evidence of benefit with prior medications. The applicant's attorney subsequently appealed, October 29, 2013. In a February 28, 2014 progress note, the applicant was described as reporting persistent low back pain with derivative issues, including psychological stress, depression, and anxiety. The applicant was apparently also on Coumadin, it was further noted. The applicant was using a cane to move about. The applicant has a number of comorbidities, including coronary artery disease status post coronary bypass. The applicant's medical list included oxycodone, Norco, Neurontin, Wellbutrin, Prilosec, Soma, Coreg, Catapres, minoxidil, Lasix, Norvasc, Zocor, Coumadin, and Xanax. Multiple medications refilled on this occasion. The applicant was asked to pursue additional aquatic therapy and was given a trigger point injection in the clinic. Intrathecal pain pump medications were also renewed. In an earlier note of July 19, 2013, the applicant was again described as using a variety of agents, including Naprosyn. The applicant was already concurrently using Coumadin at that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 ANAPROX DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS, AND CARDIOVASCULAR RISK TOPIC Page(s): 68. Decision based on Non-MTUS Citation FOOD AND DRUG ADMINISTRATOR (FDA), COUMADIN MEDICATION GUIDE.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, an attending provider should determine if an applicant is at risk for gastrointestinal events before prescribing and/or continuing NSAIDs. In this case, the fact that the applicant is using an anticoagulant, Coumadin, does make the applicant more prone toward developing an adverse bleeding event or adverse gastrointestinal bleeding event. The MTUS recommendations are echoed by those of the Food and Drug Administration (FDA), which notes that concurrent administration of Coumadin with NSAIDs could lead to adverse effects such as gastrointestinal bleeding. It is further noted that it is unclear whether the applicant has in fact profited through ongoing usage of Naprosyn. There was no clear evidence of functional improvement as defined in MTUS 9792.20f in terms of work status, work restrictions, improved ability to perform activities of daily living, etc. On balance, then, it appears that discontinuing Naprosyn is more appropriate than continuing the same, given the applicant's heightened risk of gastrointestinal bleeding events were the applicant to continue Naprosyn while concurrently using Coumadin. Therefore, the request is not certified, on independent medical review.