

Case Number:	CM13-0053279		
Date Assigned:	12/30/2013	Date of Injury:	01/05/2010
Decision Date:	03/18/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/05/2013

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 Internal Medicine, has a subspecialty in Pulmonary Disease, 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:

The patient is a 55-year-old male who has a date of injury of 1/5/10. The patient was pulling a drum weighing approximately 400-500 pounds when it slid towards him, hitting him in the chest and abdomen and knocking him down. He reports having immediate pain throughout his body and he could not move his arms and legs. An office note dated 10/23/13 states diagnoses of lumbar disc syndrome, lumbar radiculopathy, lumbar spine spondylolisthesis, cervical cranial syndrome, cervical disc syndrome, right shoulder impingement status post, and situational depression with anxiety. He was seen on this day for a pain management re-evaluation. The patient noted that the low back pain has been improving since his last visit. Also, the patient noted that he has finished his authorized session of land therapy. The physician does note that the patient remains symptomatic in his neck and right shoulder, continues to experience headaches, and also complains of pain in his left knee. The patient notes good benefit from his current medicine regimen. He is currently utilizing Tramadol, Cyclobenzaprine, and naproxen. The patient denies any side effects from his medication except for gastrointestinal symptoms, which he treats with Prilosec. The patient notes improvement in pain with his medication; his pain level is a 5/10, and without medication his pain increases to an 8/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naprosyn 550mg twice a day between 10/16/13 and 11/30/13: Overturned

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, 11 ed. McGraw Hill, 2006; Physician's Desk Reference, 65th ed.; www.RxList.com; the Official Disability Guidelines; www.drugs.com; Epocrates Online; Monthly Prescribing Reference; and the Opioid Dose

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

Decision rationale: The patient notes a benefit from his current pain medication regimen. He is currently taking Tramadol, Cyclobenzaprine, naproxen, and he denies any side effects from medications except for gastrointestinal symptoms, which he treats with Prilosec. The patient notes improvement in pain with his medication; his pain level is 5/10, and without medication, his pain increases to 8/10. On exam of the cervical spine, there is moderate tenderness and spasms noted in the bilateral cervical paraspinal musculature extending to the trapezium. For range of motion in the cervical area, flexion is 60 degrees, extension is 50 degrees, right lateral flexion is 45 degrees, and left lateral flexion is 45 degrees. In the low back, there is moderate tenderness and spasm noted in the bilateral paralumbar musculature greater on the left side. For range of motion for the lumbar area, flexion is 45 degrees, extension is 15 degrees, right lateral flexion is 15 degrees, and left lateral flexion is 15 degrees. The California Guidelines for non-steroidal anti-inflammatory drugs note that the recommended lowest dose should be used for the shortest period of time in patients with moderate to severe pain. Also, there is no evidence to recommend one drug in this class over another based on efficacy. Therefore, the recommendation for Naprosyn is certified.