

Case Number:	CM13-0066649		
Date Assigned:	01/03/2014	Date of Injury:	03/09/2009
Decision Date:	05/19/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/16/2013

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:

The patient is a 30-year-old male with date of injury of 03/09/2009. The listed diagnoses dated 11/25/2013 are: Postlaminectomy syndrome, Sciatica, and Disorders of the sacrum. According to the report, the patient complains of persistent back pain. He currently takes Protonix for GI side effects with Naproxen and Norco 5/325. He states that his pain is made better with medication, rest, ice and heat. His pain is made worse with prolonged standing and walking. The objective findings show sensation is intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise is positive bilaterally. Spasms and guarding are noted on the lumbar spine. The Utilization Review denied the request on 12/03/2013. The physician is requesting a refill for naproxen sodium - Anaprox 550 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM-ANAPROX 550MG - 1 EVERY 12 HOURS #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN Page(s): 31-32.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN Page(s): 60,61.

Decision rationale: The patient presents with chronic back pain. The physician is requesting a refill for Naproxen Sodium also known as Anaprox. The MTUS Guidelines on chronic pain page 60 to 61 recommends NSAIDs for pain relief generally temporary and measures of lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvement in the function and increased activity. Furthermore, MTUS page 68 on chronic low back pain states, "Recommended as a option for a short-term symptomatic relief. A Cochrane review of the literature on drug relief for the low back pain (LBP) suggested that NSAIDs were no more effective than other drug such acetaminophen, narcotic analgesics, and muscle relaxants." The patient has been on naproxen since 01/16/2013. The physician documents medication efficacy stating, "His medications are working well for him. He has no side effects and he has some functional improvement when he uses the medications." In this case, the physician reports efficacy from Naproxen Sodium use and MTUS supports NSAID use for chronic pain. Recommendation is for authorization.