

Case Number:	CM13-0070530		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2004
Decision Date:	06/02/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/23/2013

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, 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 50 year old male who was injured on 09/22/2004. Mechanism of injury is unknown. Prior treatment history has included a lumbar laminectomy in 2005, spinal cord stimulator implant in 2009, epidurals, trigger point injections, physical therapy, physiotherapy, TENS unit and medications. Medications include: 1. Cyclobenzaprine 10 mg 2. Naproxen 3. Morphine sulfate ER 30 mg Progress note dated 10/02/2013 documented the patient with complaints of pain in the head and both shoulders with no radiation to both arms. He also complains of pain in the lower back with radiation to both legs and feet. The pain is associated with numbness and tingling in the arms, hands, legs and feet as well as weakness in the arms and hands. The pain is constant in frequency and moderate in intensity. On a scale he rates the severity of the pain as 5, but 2 at its best and 8 at its worst. His average level of pain in the last seven days is 7. The patient states that his symptoms have unchanged since the injury. With regard to functional limitations during the past month, the patient avoids going to work, socializing with friends, performing household chores, participating in recreation, doing yard work or shopping and having sexual relations because of his pain. Objective findings on examination of the lumbar spine reveals a range of motion to forward flexion is 40 degrees, extension 10 degrees and side bending is 20 degrees to the right and left. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is a well-healed vertical incision over the lumbar region consistent with previous lumbar surgery. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is no sciatic notch tenderness, no gluteal spasm and no piriformis spasm. There is negative lumbar facet loading maneuver. There is positive straight leg raise test bilaterally in the seated and supine position to 50 degrees. There is negative Patrick's test and a negative Gaenslen's maneuver. There is normal bulk and tone in all muscle groups of the lower extremities. No atrophy is noted. Motor strength is 5/5 and symmetric

throughout the bilateral lower extremities, except 4+/5 on right great toe extension. There is diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 1+/4 in bilateral upper extremities and 1+/4 in bilateral lower extremities. Diagnosis: Lumbar post laminectomy syndrome. PR-2 dated 12/11/2013 documented the patient with complaints of pain in the head, neck and both shoulders with radiation to both arms. He also complains of pain in the lower back with radiation to both legs and feet. The pain is associated with numbness and tingling in the arms, hands, legs and feet as well as weakness in the arms and hands. The pain is constant in frequency and moderate in intensity. On a scale of 0 to 10, he rates the severity of the pain as 4, but as 2 at its best and 8 at its worst. His average pain level in the last seven days is a 6. He describes the pain as sharp, throbbing, dull, aching, shooting and burning with muscle pain and pins and needles sensation. The pain is aggravated by bending forward, bending backwards, reaching, kneeling, stooping, crawling, pushing a shopping cart and leaning forward and prolonged standing, sitting and walking. The pain is relieved with rest, medications, application of heat and ice, physical therapy, doing exercises, lying down and relaxing. Objective findings on musculoskeletal exam reveals the lumbar spine range of motion to forward flexion is 40 degrees, extension 10 degrees and side bending 20 degrees bilaterally. Inspection of the lumbar spine reveals no asymmetry or scoliosis. There is a well-healed vertical incision over the lumbar region consistent with previous lumbar surgery. There is tenderness to palpation over the bilateral lumbar paraspinal muscles. There is no sciatic notch tenderness, no gluteal spasm and no piriformis spasm. There is negative lumbar facet loading maneuver. There is positive straight leg raise test bilaterally in the seated and supine position to 50 degrees. There is negative Patrick's test and a negative Gaenslen's maneuver. There is normal bulk and tone in all muscle groups of the lower extremities. No atrophy is noted. Motor strength is 5/5 and symmetric throughout the bilateral lower extremities, except 4+/5 on right great toe extension. There is diminished sensation in the bilateral L5 and S1 dermatomes of the lower extremities. Reflexes are symmetric at 1+/4 in bilateral upper extremities and 1+/4 in bilateral lower extremities. There are 3 missing molars.

Diagnoses:

1. Displacement of lumbar intervertebral disc without myelopathy.
2. Displacement of cervical intervertebral disc without myelopathy.
3. Postlaminectomy syndrome, lumbar region.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, TWICE A DAY #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs), Page(s): 67-73.

Decision rationale: As per CA MTUS guidelines, NSAIDs are recommended as first-line therapy for short-term symptomatic relief but there is no evidence of long-term effectiveness for pain or function. In this case, this patient has chronic neck and lower back pain radiating to both arms and legs. As per the guidelines, there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic

pain. The guidelines recommend further treatment to be considered on documentation of symptomatic and functional benefit. However, the submitted records do not document functional improvement with chronic Naproxen use such as diminished work restrictions, improved ADLs, pain relief, and/or decreased medical treatment. There is documentation that his symptoms have been unchanged since the injury with reported pain level as 5-6/10. Thus, the medical necessity has not been established and the continued use of Naproxen is not medically necessary.