

Case Number:	CM14-0010692		
Date Assigned:	02/21/2014	Date of Injury:	02/28/2013
Decision Date:	06/25/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/27/2014

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 28, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture and aquatic therapy; transfer of care to and from various providers in various specialties; and several months off of work. In a utilization review report dated January 2, 2014, the claims administrator denied a request for Naprosyn, while approving request for tramadol and omeprazole. It was stated that the applicant had not benefited through ongoing NSAID usage. In a doctor's first report dated April 5, 2013, the applicant was given prescriptions for ibuprofen, Robaxin, and a lumbar support. On October 8, 2013, the applicant transferred care to a new primary treating provider. It was stated that the applicant had been terminated from his former employment. A neurology consultation, acupuncture, aquatic therapy, Naprosyn, tramadol, omeprazole and AppTrim were endorsed. The applicant's medications list was not detailed on earlier note of June 3, 2013. The applicant was placed off of work, on total temporary disability, on an office visit of April 30, 2013. The applicant was described as using Norco and Robaxin 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:

NAPROXEN 550 MG, ONE BY MOUTH (PO) EVERY TWELVE HOURS (Q12H) WITH FOOD, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAID) Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Topic Page(s): 22. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

Decision rationale: The request in question seemingly represented a first-time request for Naprosyn. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic conditions, including the chronic low back pain reportedly present here on or around the date of the utilization review report in question. A trial of Naprosyn was indicated to combat the applicant's chronic low back pain issues. Therefore, the request was/is medically necessary.