

Case Number:	CM14-0123353		
Date Assigned:	08/08/2014	Date of Injury:	09/17/2010
Decision Date:	09/11/2014	UR Denial Date:	07/17/2014
Priority:	Standard	Application Received:	08/05/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic elbow pain, low back pain, and midback pain reportedly associated with an industrial injury of September 17, 2010. Thus far, he has been treated with the following: analgesic medications; attorney representation; opioid therapy; trigger point injection therapy; epidural steroid injection therapy; transfer of care to and from various providers in various specialties; and earlier carpal tunnel release surgery. In a utilization review report dated July 17, 2014, the claims administrator approved a request a Norco while denying a request for Naprosyn. The patient's attorney subsequently appealed. According to a June 10, 2013 progress note, the patient reported highly variable pain ranging from 1 to 8/10. He had comorbid issues with depression and difficulty sleeping. It was acknowledged that he was placed off of work, on total temporary disability, and was using Tizanidine and Ultracet. In a March 1, 2014 progress note, the patient reported persistent complaints of neck pain. He stated that recent trigger point injection therapy had ameliorated his function to some extent. Epidural steroid injection therapy was endorsed. Trigger point injections was performed in the clinic. His work status was not furnished. On July 25, 2014, the patient received further trigger point injections in the clinic setting. He was asked to consider facet joint injection therapy and follow up on an as-needed basis. His work status was not clearly stated. The attending provider stated that the patient continued to have "debilitating" mid and low back pain exacerbated by motion. On January 22, 2014, the patient was again described as having constant complaints of neck pain and was using Naprosyn and Tramadol. Various interventional spine procedures were sought. There was no discussion of medication efficacy incorporated into this progress note. On April 11, 2014, he was asked to try acupuncture, obtain a transcutaneous electrical nerve stimulation (TENS) unit,

and/or obtain epidural steroid injections to both the cervical and lumbar spine. Once again, he was described as not working. There was no mention of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 22, 7.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge the anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is qualified by comments made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into this choice of recommendations. In this case, the patient is off of work. His pain complaints appear to be heightened and are consistently described as 8/10 or higher, despite ongoing usage of Naprosyn. Ongoing usage of Naprosyn has failed to curtail or diminish the applicant's dependence on other forms of medical treatment, including opioid therapy and interventional spine procedures. All the above, taken together, suggest a lack of functional improvement as defined in the MTUS guidelines, despite ongoing usage of Naprosyn. Therefore, the request for Naproxen 550mg with a quantity of 120 is not medically necessary.