

Case Number:	CM14-0123847		
Date Assigned:	09/25/2014	Date of Injury:	11/08/2012
Decision Date:	11/04/2014	UR Denial Date:	07/25/2014
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:

This is a 50-year old male who reported low back and leg pain after an injury on 11/8/12. The diagnoses include lumbar disc herniation, radiculopathy, and spondylolisthesis. He has been treated with acupuncture, physical therapy, injections, and many medications. No treatment has resulted in any significant improvement. He was evaluated by a surgeon on 7/1/14, at which time he described ongoing, extensive pain. He was not working. His blood pressure was 161/96. Records from the primary treating physician are from 10/17/13 to 6/25/14. Pain remained at 7-9/10. At the initial visit on 10/17/13, the injured worker was not working, had ongoing low back pain, and 4 medications (Naproxen, Omeprazole, Soma, Tramadol) were started. The blood pressure was 134/98. All the medications were continued during the course of treatment, with no discussion of the specific results of any single medication. Work status did not change over the course of treatment. Reports refer briefly to "GERD" side effects of medications, with no further details. On 7/25/14 Utilization Review non-certified Naproxen 550 mg, noting the lack of benefit, the MTUS recommendations, and the gastrointestinal side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium DS 550mg 1 tablet 2 times daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Medications for chronic pain NSAIDs for Back Pain - Acute exacerbations of chronic pain Back.

Decision rationale: Per the MTUS for chronic pain, page 60, medications should be trialed one at a time, and there should be functional improvement with each medication. No reports show any specific benefit, functional or otherwise. Four medications were initiated simultaneously, which is not recommended in the MTUS and which makes determination of benefits and side effects nearly impossible. Naproxen was initiated when the blood pressure was elevated, which is questionable in light of the known hypertensive effect of NSAIDs. None of the kinds of functional improvement discussed in the MTUS are evident, and the injured worker has not returned to work. The injured worker may be having gastrointestinal side effects of naproxen, which is further reason not to continue it. The MTUS does not recommend chronic NSAIDs for low back pain. NSAIDs should be used for the short term only. Acetaminophen is the drug of choice for flare-ups, followed by a short course of NSAIDs. The treating physician has been dispensing/prescribing large quantities of NSAIDs for many months, which is counter to the recommendations of the MTUS for treatment of back pain. Based on the MTUS recommendations against chronic use, lack of specific functional and symptomatic benefit, the Naproxen is not medically necessary.