

Case Number:	CM14-0150024		
Date Assigned:	10/16/2014	Date of Injury:	09/07/2011
Decision Date:	11/18/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/15/2014

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 Family 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 41 year old male patient who sustained a work related injury on 9/7/11. The patient sustained the injury when he was moving boxes of automobile parts weighing up to 60 pounds and due to cumulative trauma. The current diagnoses include lumbar disc disorder with myelopathy and lumbar disc bulge with right leg radiculopathy. Per the doctor's note dated 8/20/14, the patient has complaints of low back pain with intermittent right leg radiculopathy. A physical examination of the low back revealed palpable tenderness at left lumbar, lumbar, right sacroiliac, right lumbar, left sacroiliac, sacral, right buttock, right posterior leg, right posterior thigh, and calf at paraspinal muscles with spasms and full ranges of motion. The past medical histories include ulcer in 2012 and kidney infection. The medication lists include Omeprazole 20 mg and Naproxen 550 mg. The patient has had EMG that revealed L4/L5 radiculopathy on the right; MRI on 2/27/12013 that revealed disc-protrusion and neuroforaminal narrowing. The patient has had three epidural steroid injections for this injury. He has been authorized for lumbar spine surgery. The patient has received an unspecified number of PT and acupuncture visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." The patient is having chronic pain and is taking Naproxen for this injury. The patient has lumbar pain with objective evidence of radiculopathy including a EMG showing radiculopathy. In addition the notes also reveal palpable tenderness at left lumbar, lumbar, right sacroiliac, right lumbar, left sacroiliac, sacral, right buttock, right posterior leg, right posterior thigh, and calf with spasms. Per the notes he has been authorized for lumbar spine surgery. An MRI shows evidence of neural foraminal narrowing and disc protrusion. NSAIDS like naproxen are first line treatments to reduce pain. As such, Naproxen use is deemed medically appropriate and necessary in this patient.