

Case Number:	CM14-0179526		
Date Assigned:	11/04/2014	Date of Injury:	09/02/2004
Decision Date:	12/09/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/29/2014

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 Montana. 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 injured worker sustained an injury on 9/2/04. She apparently has had complaint of chronic low back pain associated with this injury. The mechanism of injury is not noted in the records. The note of 9/24/14 documents complaint of low back pain radiating to the bilateral legs. Straight leg raising tests were mildly positive and there were mild limitations of range of motion. Her diagnoses are sciatica, lumbar intervertebral disc herniation and lumbar degenerative disc disease. The treatment note on 9/24/14 indicates that the primary treating physician has requested naproxen 550 mg BID to be continued for 5 additional months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60, 4 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti Inflammatory Medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nonsteroidal anti-inflammatory drugs Page(s): 67-68 and 73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Naproxen

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). The MTUS states that nonsteroidal anti-inflammatory medications are recommended at the lowest dose for

the shortest period possible in patients with moderate to severe pain. Although NSAIDs are effective they can cause gastrointestinal irritation or ulceration. Studies also show that NSAID use for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and may cause hypertension. Regarding neuropathic pain, the guidelines note inconsistent evidence for the use of these medications to treat long-term neuropathic pain but they may be useful to treat breakthrough pain. Naproxen as sodium salt is available in 550 mg (Anaprox). The medical records note that naproxen had been used first some time prior to the 9/24/14 treatment note. On 9/24/14 a prescription was provided for one additional month with 4 refills. This is not consistent with the MTUS recommendation for using the lowest dose for the shortest duration possible. Medical records do not demonstrate substantial pain relief and functional improvement related to use of naproxen and there is no documentation of side effects or laboratory studies to evaluate hepatic and renal function. In this case the request for naproxen 550 mg #60 with 4 refills is not consistent with the MTUS recommendations and is not medically necessary.