

Case Number:	CM14-0180362		
Date Assigned:	11/05/2014	Date of Injury:	02/03/2011
Decision Date:	12/09/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 31 year old with an injury date on 2/3/11. Patient complains of increased low lumbar pain rated 7/10, and left lower extremity symptoms per 9/15/14 report. Patient went to emergency room last week due to an exacerbation of lower back pain and lower extremity symptoms per 9/15/14 report. Based on the 9/15/14 progress report provided by [REDACTED] the diagnoses are: 1. left lumbar radiculopathy secondary to L5-S1 protrusion 2. Status post remote lumbar decompression Exam on 9/15/14 showed "L-spine range of motion limited, with extension at 50% of normal. Positive straight leg raise left side at 30 degrees (pain to foot)." Patient's treatment history includes lumbar microdiscectomy (did not resolve back/leg pain), and medication (Tramadol, Naproxen, Cyclobenzaprine). [REDACTED] is requesting naproxen 550mg #90. The utilization review determination being challenged is dated 10/23/14 and denies request as NSAIDs are not meant for long term use. [REDACTED] is the requesting provider, and he provided a single treatment report from 9/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, Specific.

Decision rationale: This patient presents with lower back pain and left lower extremity pain. The provider has asked for Naproxen 550mg #90 on 9/15/14. It is not known how long patient has been taking Naproxen. The 9/15/14 report states Naproxen results in 2-3 point average decrease in pain and greater range of motion most notably in early hours of the day especially for achy pain. Patient states that she is able to shop, and do light household chores on current medication regimen per 9/15/14 report. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Regarding medications for chronic pain, MTUS page 60 states, "A record of pain and function with the medication should be recorded." In this case, the patient has been using Naproxen (start date unknown) with documentation of pain relief and functional improvement. Therefore, this request is medically necessary.