

Case Number:	CM14-0021031		
Date Assigned:	07/11/2014	Date of Injury:	09/19/2011
Decision Date:	09/09/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/10/2014

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 claimant is a 48 year old man injured on 9-19-11 while running with a backpack blower. He is a maintenance manager which his duties include: painting, carpentry work, plumbing, landscaping (mowing lawns and using a weed eater) and also does general property management work. The Patient has had physical therapy, injections, medicines and restrictions. As of August 18 2013, he had pain in the thoracic spine only, not in the cervical and lumbar regions. The CT from 8-16-13 showed no acute findings and the X-rays of the thoracic & lumbar spine were negative.as well. He had an ESI on 10-29-13 which he then had a flare-up of the symptoms and the home exercises became difficult. The pain continued to be severe and there was some possible radiculitis on the right side (there may be psychiatric issues). The plan was to refill the Naproxen, start Tramadol and Ambien. There was a 6-25-13 note indicating chronic back pain and it is severe in the thoracic mid spine region, radiating to the left thigh and calf. The patient's medications were: Trazodone, Lyrica and Norco. The assessment was for chronic back pain and notes from 7-2-13 indicated that the mid back pain was a 10 out of 10, Flexeril was renewed and the Urine Drug Test on 8-19-13 was normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 127 8 C.C.R. 9792.20 - 9792.26 Page(s): 67.

Decision rationale: The MTUS recommends non-steroidal anti-inflammatory drugs (NSAID) medication for osteoarthritis, at the lowest dose, and the shortest period possible. The use here appears chronic, with little information in regards to functional objective improvement out of the use of the prescription Naproxen. Further, the guideline cites that there is no reason to recommend one drug in this class over another based on efficacy. It is not clear why a prescription variety of NSAID would be necessary; therefore, when over the counter NSAIDs would be sufficient. In summary, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit such as: improved work ability, improved activities of daily living and other medicine reduction. The guidelines do not support the use of this medicine therefore the Naproxen is not medically necessary.