

Case Number:	CM14-0021601		
Date Assigned:	05/05/2014	Date of Injury:	01/26/2011
Decision Date:	07/09/2014	UR Denial Date:	02/17/2014
Priority:	Standard	Application Received:	02/20/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician 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 Physician 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 injured worker's date of injury is 01/26/2011. The patient is receiving treatment for chronic low back pain extending into the right hip. The treating physician, in the note dated 01/03/14, states there is numbness in the outer portion of the left thigh and numbness in the toes of the right foot. The patient reports a range of pain rising to a level of 10 over 10 from certain triggers- bending, lifting, twisting, and transferring. On exam there were many tender points in the lumbar region and limited ROM due to pain. Lumbar muscle spasm was noted as well. Sensation exam is intact. The patient is on a number of medications for chronic pain, including an opioid, an AED, and two topical analgesic preparations. The physician is requesting Naprosyn 550 mg 1 po bid #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE NAPROSYN 550MG, #60 12/13/13-1/03/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, SPECIFIC DRUG LIST & ADVERSE EFFECTS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 73.

Decision rationale: This employee has chronic low back pain for which the employee receives a number of treatments. The request is for Naprosyn 550 mg BID, which is an NSAID. For chronic low back pain, the treatment guidelines recommend that NSAIDS be used as an option for short-term symptom relief. Long-term treatment with NSAIDS is associated with gastrointestinal bleeding and in some susceptible patients, cardiovascular and renal harms as well. There was little documentation that the employee was being monitored for these potential hazards. Based on the documentation presented in this case, the retro-request for Naproxen is not medically necessary.