

Case Number:	CM14-0031922		
Date Assigned:	06/20/2014	Date of Injury:	06/26/2008
Decision Date:	07/21/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	03/13/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 26, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; opioid therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated February 13, 2014, the claims administrator approved a request for Norco while denying a request for Naprosyn. Naprosyn was denied on the grounds that the applicant had apparently developed dyspepsia with NSAIDs. The claims administrator did not, however, incorporate any cited guidelines into its rationale. The applicant's attorney subsequently appealed. A January 7, 2014 progress note was notable for comments that the applicant had persistent complaints of low back pain. The applicant was placed off of work, on total temporary disability. The applicant's current medication list was not provided; however, the attending provider did summarize some of the applicant's old notes and suggested that the applicant was using Norco, Naprosyn, Topamax, Zanaflex, Prilosec, and MS Contin. In a January 3, 2014 pain management note, the applicant was described as having persistent complaints of low back pain radiating to the leg, 7/10. The applicant was now eight months removed from the date of surgery, it was stated. It was stated that the applicant was using morphine, Norco, and Fexmid. The applicant stated that he had weaned himself off of Soma. The applicant was using Prilosec for GI discomfort, it was stated. The attending provider stated that the applicant's medications were improving activities of daily living, although the attending provider did not elaborate on which activities of daily living have specifically been ameliorated. The attending provider stated that the applicant was in the process of starting postoperative physical therapy and would need the medications so as to facilitate performance of the same. A variety of agents, including Norco, morphine, Naprosyn,

Topamax, Prilosec, Fexmid, and Xanax were furnished. The attending provider stated that, overall, the medications in question had diminished the applicant's pain by 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 68-69,7.

Decision rationale: As noted on page 68 of the MTUS Chronic Pain Medical Treatment Guidelines, nonselective NSAIDs such as Naprosyn being proposed here are recommended in applicants with no risk factors for cardiovascular disease. In this case, the applicant does not have any clearly stated risk factors for cardiovascular disease. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further states that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, the attending provider has posited that ongoing usage of Naprosyn has, in conjunction with other medications, ameliorated the applicant's low back pain by 50%, and is, moreover, facilitating performance of activities of daily living, physical therapy, and home exercise. As further noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, introduction of a proton pump inhibitor is considered an option in applicants who have developed GI dyspepsia secondary to NSAID therapy. In this case, as noted previously, the attending provider has suggested that ongoing usage of Naprosyn has been beneficial and that the benefits outweigh the adverse effects (dyspepsia). Continuing the same is therefore indicated. Accordingly, the request is medically necessary.