

Case Number:	CM14-0050739		
Date Assigned:	07/18/2014	Date of Injury:	08/24/2009
Decision Date:	12/12/2014	UR Denial Date:	04/05/2014
Priority:	Standard	Application Received:	04/17/2014

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 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 August 24, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and at least one prior epidural steroid injection. In a Utilization Review Report dated April 5, 2014, the claims administrator failed to approve a request for Naprosyn, an anti-inflammatory medication. The applicant's attorney subsequently appealed. In a progress note dated October 14, 2013, the applicant reported ongoing complaints of low back pain, 7/10 with pain medication versus 8/10 without pain medications. The applicant was retired and no longer working, it was suggested on this date. The applicant had developed issues with severe depression. The applicant's medications included Voltaren gel, Neurontin, and Cymbalta. Trigger point injection was performed in the clinic setting. In a February 21, 2014 progress note, the applicant reported ongoing complaints of low back pain, 4/10 without pain medications versus 2/10 with pain medications. The applicant stated that she was able to walk for several blocks now and move around the house more. The applicant attributed some of recent gains to an epidural steroid injection as well as her pain medications. The applicant remained somewhat depressed, it was noted in one section of the note, while the review of systems portion of the reported stated that the applicant denied depression. The applicant's medications include Voltaren gel, Neurontin, Cymbalta, and Naprosyn. It was again stated that the applicant's medications had proven helpful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS tablets 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. In this case, the attending provider has posited that ongoing usage of Naprosyn has proven beneficial in terms of attenuating the applicant's pain complaints, and has further stated that ongoing usage of Naprosyn has facilitated her ability to move about the house and perform household chores. Continuing the same, on balance, was therefore indicated. Accordingly, the request is medically necessary.