

Case Number:	CM14-0061252		
Date Assigned:	08/04/2014	Date of Injury:	07/11/2007
Decision Date:	09/25/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 40 year old female who was injured cumulatively leading up to 7/11/2007. She was diagnosed with lumbar sprain/strain, lumbar disc disease, and lumbar radiculopathy. She was treated with various oral medications (including NSAIDs regularly and prednisone periodically), TENS unit, physical therapy, and acupuncture. She was able to return to work full time, but continued to experience chronic back pain. On 4/1/14, the worker was seen by her primary treating physician reporting having lost weight and changing diet, but having difficulty building muscles due to aggravation of her low back pain and paresthesias with exercises. Her pain was reported at a 6-7 on the pain scale with medications and up to 9/10 on the pain scale without medications. She reported forgetting to take her gabapentin regularly. She reported doing stretching which helps her radicular pain. Physical examination revealed decreased range of motion, muscle spasm, and tenderness of the lumbar area. Also noted was decreased muscle tone and mild atrophy of the left thigh and decreased strength of the left lower extremity. She was recommended to continue her then current medications including gabapentin, naproxen, acetaminophen, and Norflex. She was also recommended to continue using TENS (a replacement device was requested), continue her home exercise program, and take a 3 day burst of prednisone 10 mg.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. The worker in this case had been using NSAIDs chronically for her low back pain leading up to this request for a refill, which is not recommended by the MTUS Guidelines, and can lead to unintended side effects and risks associated with chronic use of NSAIDs. Also, there was no evidence of the worker experiencing an acute flare-up on 4/1/14 when she was evaluated. Therefore, the Naproxen is not medically necessary.

Prednisone 10mg, x3 Days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Corticosteroids (Oral/Parenteral for Low Back Pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Oral corticosteroids, and Low Back section, Corticosteroids.

Decision rationale: The MTUS Guidelines do not discuss oral corticosteroids. The ODG, however, states that they are not generally recommended for chronic pain as there is no data on the efficacy and safety and should be avoided. Methylprednisolone is not approved for pain at all. The only circumstance that other corticosteroid might be considered for short-term use is in the setting of acute (not chronic) lumbar radicular pain, which requires very clear signs and symptoms of radiculopathy. In this setting, the risks of steroid use as well as the fact that evidence for benefit is limited needs to be discussed with the patient and documented in the record. In the case of this worker, the provider had previously recommended short courses of prednisone for her low back pain. There seemed to be clear enough evidence that the worker had radiculopathy, but not enough evidence suggested that she was experiencing an acute exacerbation of radiculopathy beyond her baseline. Also, there was no evidence in the documents available for review that there was any discussion of the risks and limited benefits related to this medication. Therefore, the prednisone is not medically necessary.