

Case Number:	CM14-0063862		
Date Assigned:	07/11/2014	Date of Injury:	10/14/2005
Decision Date:	09/08/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/06/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 47 year old male with date of injury 10/14/2005. The mechanism of injury is stated as a motor vehicle accident. The patient has complained of lower back pain with radiation of pain to the right lower extremity since the date of injury. He has been treated with lumbar spine surgery, physical therapy and medications. There are no radiographic reports included for review. Objective: lumbar spine paraspinal musculature tenderness to palpation. Diagnoses: lumbar spine degenerative disc disease. Treatment plan and request: Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sod Tab 550mg, Anaprox, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 67-68; 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68..

Decision rationale: This 47 year old male has complained of lower back pain with radiation of pain to the right lower extremity since date of injury 10/14/2005. He has been treated with lumbar spine surgery, physical therapy and medications to include naproxen since at least 01/2014. Per the MTUS guideline cited above, NSAIDS are recommended for the short term (2-

4 week) symptomatic relief of low back pain. The current treatment duration at the time of request far exceeds the recommended treatment period. On the basis of the MTUS guidelines, Naproxen is not indicated as medically necessary. Medical records reflect a claimant with an injury on 10-14-05. The claimant has been treated with lumbar surgery on 6-7-13. He was also provided with a lumbar brace. He attended physical therapy and aquatic therapy. The claimant has ongoing physical therapy but improved with pool therapy. The claimant is maintained on Norco and Anaprox. There is a request for Naproxen sod 550 mg. Current treatment guidelines reflect that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Based on the records provided, ongoing use of Naproxen is not indicated or established as reasonable and medically indicated.