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| Case Number: | CM14-0067704 | | |
| Date Assigned: | 07/11/2014 | Date of Injury: | 03/21/1986 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 04/29/2014 |
| Priority: | Standard | Application Received: | 05/12/2014 |

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 Anesthesiology and Pain Medicine, and is licensed to practice in Florida. 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 injured worker is a 58-year-old male who reported an injury on 03/21/1986 when he was moving a closed mixer system wheel. The injured worker has diagnoses of chronic pain syndrome, disc displacement with radiculitis of the lumbar spine, lumbosacral spondylosis without myelopathy, dietary surveillance and counseling, overweight, post laminectomy syndrome of the lumbar region, post laminectomy syndrome of the cervical region, cervicalgia, and cervical spondylosis without myelopathy. Past treatment includes medial branch nerve blocks, transforaminal epidural corticosteroid injections, surgery, physical therapy, and medication therapy. Medications include fish oil 1000 mg 1 capsule once a day, Perdiem overnight relief 15 mg as directed, Simvastatin 40 mg 1 tablet every evening once a day, Ambien 10 mg 1 tablet before bed, Prilosec 20 mg 1 capsule once a day, Aspirin adult low strength 81 mg 1 tablet once a day, Percocet 10/325 one tablet every 6 hours, and Naproxen 500 mg 1 tablet every 12 hours. Cervical x-rays that were obtained 04/01/2014, an MRI of the lumbar spine that was obtained 04/12/2011, and an MRI of the lumbar spine that was done 07/23/2009. The injured worker has undergone 3 level cervical fusion C4-5, C5-6, and C6-7 in 2004 and L3-S1 anterior/posterior fusion with hardware 02/07/2012. The injured worker complained of increasing pain in the left side of the neck with stiffness, spasms, and headaches; pain in the low back on the left side with stiffness; and chronic pain down the right lower extremity with some tingling and numbness. There were no measureable pain levels documented in the submitted report. Physical examination dated 04/18/2014 revealed sub occipital/occipital tenderness present on the left side. Thoracic spine was normal with scarring from previous lumbar surgery. There were trigger points absent and muscle spasms absent. Straight leg raise was normal/negative. The injured worker had facet tenderness of the cervical spine. There was minimal tenderness on the right lumbar spine. Moderate diffuse tenderness in the left paramedian region. Facet loading test

was positive on the left side, cervical spine SI joints were non-tender bilaterally. Sciatic notch tenderness was absent bilaterally. Spine extension was restricted and painful. Lower extremity motor exam revealed that the injured worker was normal strength in all groups. Lower extremity deep tendon reflexes were 1+ knee jerks and 1+, ankle jerks. The treatment plan was for the injured worker to continue their medications and await authorization for a medial branch block to the left C2, C3, and C4 to cover the left C2-3 and the left C3-4 joints under fluoroscopic guidance. The provider believes medications were helping manage the injured worker's pain levels. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 between 4/24/14 and 6/8/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Naprosyn Page(s): 72-73.

Decision rationale: The request for Naprosyn 500mg #60 between 4/24/14 and 6/8/14 is not medically necessary. The injured worker complained of increasing pain in the left side of the neck with stiffness, spasms, and headaches; pain in the low back on the left side with stiffness; and chronic pain down the right lower extremity with some tingling and numbness. There were no measureable pain levels documented in the submitted report. The California MTUS guidelines indicate that Naprosyn is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, Naproxen is recommended for relief of osteoarthritis but is also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted report dated back to 04/08/2014 showed that the injured worker was taking Naprosyn. Long term use of Naprosyn in people has them at high risk for developing NSAID induced gastric or duodenal ulcers. Guidelines also recommend that Naprosyn be given at its lowest effective dose, which is 250 mg. Given that that the request is for 500 mg, it exceeds the MTUS guidelines. Furthermore, the frequency and quantity were not submitted in the request. The efficacy of the medication was also not provided in the submitted report. As such, the request for Naprosyn 500 mg is not medically necessary.