

Case Number:	CM14-0073367		
Date Assigned:	07/16/2014	Date of Injury:	12/16/2004
Decision Date:	09/09/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine & Rehabilitation 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 patient is a 52-year-old male who was injured on 12/16/2004. The mechanism of injury is unknown. Prior treatment history included lumbar transforaminal epidural steroid injections (TFESI) which provided him with 70% relief; and TFESI at L4-5, S1 injection and that provided him with 50% relief on 5/3/2013 and lasted for 3 months. His Naproxen and Omeprazole had been decreased. Progress report dated 4/2014 states the patient presented with complaints of low back and left lower extremity pain. He stated it radiates down his legs with numbness and tingling in the left leg. Objective findings on exam revealed the lumbar spine to have restricted range of motion in all planes with increased pain. He has muscle guarding as well. Motor strength is 5/5 in bilateral lower extremities. He has decreased sensation at left L4-5, S1 levels. He is diagnosed with lumbar disc with radiculitis and degeneration of lumbar disc. He has been recommended to continue with Naproxen 550 mg. Prior utilization review dated 05/01/2014 states the request for Naproxen Sodium 550mg, quantity 60, 1 tablet 2 times daily as needed for the lumbar spine is denied as medical necessity had not been established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg, quantity 60, 1 tablet 2 times daily as needed for the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. In the medical record, the patient describes low back pain. It is reasonable to provide an NSAIDs as needed for symptomatic relief of mild to moderate pain flare-ups unresponsive to self-care measures of non-medication interventions. Therefore, the medical necessity of Naproxen 500mg, quantity 60, 1 tablet 2 times daily as needed for the lumbar spine has been established at this time.