

Case Number:	CM14-0075556		
Date Assigned:	07/16/2014	Date of Injury:	03/14/1979
Decision Date:	11/17/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	05/23/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 68 year old with an injury date on 3/14/79. Patient complains of constant, severe cervical pain, low lumbar pain, and left hip area pain rated 9/10 per 5/2/14 report. The pain also radiates from back down to his left leg with occasional numbness in his leg, increasing with cold weather per 3/5/14 report. Based on the 5/2/14 progress report provided by [REDACTED] the diagnosis is osteoarthritis. Exam on 5/2/14 showed "unsteady gait, normal sensory exam in bilateral lower extremities, and paralumbar muscle guarding." No range of motion testing was included in reports. Patient's treatment history includes medications only (Norco, Robaxin, Naprosyn). [REDACTED] is requesting Naprosyn 500 mg #60. The utilization review determination being challenged is dated 5/20/14. [REDACTED] is the requesting provider, and he provided treatment reports from 11/8/13 to 5/2/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low back Pain Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for chronic pain Anti-inflammatory medica.

Decision rationale: This patient presents with neck pain, lower back pain, and left hip pain. The treater has asked for Naprosyn 500 mg #60 on 5/2/14. Patient has been taking Naprosyn since 11/8/13. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with osteoarthritis of the back, and Naprosyn would be indicated. The patient has been taking Naprosyn, however, for 5 months without documentation of its efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Regarding medications for chronic pain, MTUS page 60 states that a record of pain and function should be maintained by the treater. The requested Naprosyn 500 mg #60 would not be considered not medically necessary in this case.