

Case Number:	CM14-0085977		
Date Assigned:	07/23/2014	Date of Injury:	08/28/1998
Decision Date:	08/29/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	06/09/2014

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 Illinois. 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 53-year-old male who reported an injury on 08/28/1998 reportedly while doing heavy physical work with a jackhammer he attempted to throw a rock, did a twisting motion then experienced severe low back and neck pain. The injured worker's treatment history included Physical Therapy, Surgery, Medication, and Pain Management. The injured worker was evaluated on 06/18/2014, it was documented the injured worker complained of bilateral low back pain, bilateral neck pain radiating to the arm, intermittent throbbing pain radiating to the outer left leg to the knee and low testosterone/treatment. Physical examination of spine revealed sub-occipital/occipital tenderness and straight leg raise positive on the left for the lower back only. Facet tenderness noted on the left lumbar facets and facet loading test positive bilaterally. SI joints noted non-tenderness bilaterally, sciatica notch tenderness absent bilaterally and spine extension restricted and painful. Diagnoses included chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbosacral spondylosis without myelopathy, cervical spondylosis without myelopathy, post laminectomy syndrome, lumbar region, other testicular hypofunction, major depressive disorder single episode; unspecified, other specified gastritis without mention of hemorrhage, generalized anxiety disorder, nausea alone; unspecified, constipation and slow transit constipation, depressive disorder not elsewhere classified, abdominal tenderness; unspecified site, displacement of cervical intervertebral disc without myelopathy and chronic depressive personality disorder. Medications include Norco 1-0/325 mg, Buspar tablet 15 mg, Naprosyn 500 mg, Fortesta Gel 10 mg/ACT 2%, Sertraline HCl 50 mg, and Methadone HCl 10 mg. The request for authorization rationale not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg,QTY #60 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw-Hill, 2006; Physician's Desk Reference, 68th Edition; www.rxlist.com; Official Disability Guidelines Drug Formulary, www.odgtwc.com/odgtwcformulary.htm; drugs.com; Epocrates Online, www.epocrates.com; Monthly Prescribing Reference, www.empr.com; Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov (as applicable).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The requested is non-certified. The Chronic Pain Medical Treatment Guidelines recommend that Motrin is used as a second line treatment after acetaminophen. There is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain and for acute low back pain with sciatica. A recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and acetaminophen has fewer side effects. The provider failed to indicate long-term functional goals for the injured worker. There was lack of documentation stating the efficiency of the Naproxen for the injured worker. There was a lack of documentation regarding average pain, the intensity of the pain and longevity of the pain after the Naproxen is taken by the injured worker. In addition, the request for Naproxen did not include the frequency. Given the above the request for the Naproxen 500 mg, QTY #60 with 2 refills is not medically necessary.