

Case Number:	CM14-0171800		
Date Assigned:	10/23/2014	Date of Injury:	01/11/2009
Decision Date:	01/16/2015	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/16/2014

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 Family Medicine and is licensed to practice in Colorado. 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 41 year old male with date of injury 1/11/2009 continues care with the treating physician for chronic low back pain. The patient complains of low back pain that radiates down behind left knee. He has achieved some relief with his medication regimen, Norco and Naproxen, and some relief with epidural steroid injections in the past. The records provided on the patient indicate pain levels from 1/10 - 3/10 with medications, and up to 5/10 without medications. Patient remains active and works full time. The treating physician requests renewal of Naproxen for ongoing management of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg tablet, 1 tablet PO, twice a day for 30 days, refills: 3, as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal Anti-inflammatory drugs (NSAIDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22 and 68.

Decision rationale: Per the MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs are considered first-line therapy for short-term, symptomatic relief of

low back pain, and recent clinical trials support the use in chronic low back as an effective measure. However, "a Cochrane review of the literature" indicates non-steroidal anti-inflammatory drugs are no more effective than Acetaminophen, opioids, or muscle relaxers in treatment of low back pain. The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. Per the Guidelines, no consistent, quality evidence exists to support the use of non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain, or combination pain syndromes (nociceptive pain with neuropathic pain). Based on the records supplied, patient has a pain syndrome characterized by both nociceptive pain and neuropathic pain. The patient endorses some improvement in pain with Naproxen, and the pain ratings are consistently improved with medications relative to without medications. As patient does have pain relief with the Naproxen, and maintains activity and work, and recent clinical trials suggest non-steroidal anti-inflammatory drugs may be useful in chronic low back pain, the request for Naproxen is medically necessary.