

Case Number:	CM14-0190613		
Date Assigned:	11/24/2014	Date of Injury:	02/21/1990
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/14/2014

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 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 injured worker is a 49-year-old female who experienced an industrial injury 02/13/14. She was seen 02/24/14 for complaints of intractable back pain due to a work injury. The quality of her pain was described as frequent, sharp, and burning which a radiation of pain to the left lower extremity. The symptoms are aggravated by standing, walking, bending, stooping, and walking on an incline. Her complaints are associated with a weakness to the left lower extremity, numbness and tingling are prominent. The lumbar spine showed a small L5-S1 disc bulge which partially effaces the left lateral recess and abuts the traversing left S1 nerve root. There was also moderate bilateral foraminal narrowing at L5-S1, and mild bilateral foraminal narrowing at L4-5. Diagnoses were sciatica and lumbar herniated nucleus pulposus (HNP) without myelopathy. Treatment recommendations included numerous medications, particularly Naproxen. There were numerous office visit reports available. The subjective and objective findings were very similar, with a mild antalgic gait noted and range of motion was limited secondary to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen DS 550 mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 67-70; 111-113.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 450-453, Chronic Pain Treatment Guidelines Part 2 - Pain Interventions and Treatments Page(s): 67-70; 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A, Workers' Compensation Drug Formulary, Naproxen, per ODG website.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief and they are indicated for acute mild to moderate pain. All NSAIDs have US Boxed Warnings for risk of adverse cardiovascular events and GI symptoms. Other disease-related concerns include hepatic and renal system compromise. Besides the above well-documented side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues, including muscles, ligaments, tendons, and cartilage. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with treatment goals. The request is not reasonable as patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.