

Case Number:	CM14-0203568		
Date Assigned:	12/16/2014	Date of Injury:	11/07/2007
Decision Date:	02/03/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/05/2014

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 Practice and is licensed to practice in Florida. 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 an adult female with a date of injury of 11/7/2007 and 11/11/2007. She has the following diagnoses: Chronic pain syndrome, chronic back pain, opioid and benzodiazepine dependency, depression and anxiety related to chronic pain, and history of avascular necrosis of both hips. On 12/16/2013 she was authorized for an inpatient admission for drug detoxification from benzodiazepines and narcotics. Prior treatment has included placement of a spinal cord nerve stimulator, back surgery, medications, and therapy. Her disability status is described as permanent and stationary. A utilization review physician did not certify a request for Naproxen, and therefore an independent medical review was requested to determine the medical necessity of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naprosyn 500mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 102-105, 66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Naprosyn is not medically necessary.