MAXIMUS Federal Services

Case Number:	CM14-0208840		
Date Assigned:	12/22/2014	Date of Injury:	10/11/2003
Decision Date:	02/18/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Texas, Ohio, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [redacted] employee who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of October 11, 2003.In a Utilization Review Report dated December 8, 2014, the claims administrator denied a request for naproxen. Progress note and associated RFA form of November 19, 2014 were referenced in the determination.In a progress note dated November 22, 2014, handwritten, difficult to follow, not entirely legible, the applicant reported severe, 10/10 low back pain radiating into the bilateral lower extremities. The applicant was described as having a flare in pain for which Toradol injection was given. A spine surgery consultation was endorsed. There was no discussion of medication selection or medication efficacy, however.In a November 20, 2014 RFA form, the applicant was given refills of Paxil and Abilify owing to issues with depression, anxiety, and panic attacks.In a psychiatry note dated November 24, 2014, the applicant was given a primary diagnosis of major depressive disorder (MDD). Paxil and Abilify were endorsed for the same.In a handwritten note dated November 19, 2014, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. Tramadol, Neurontin, and naproxen were seemingly endorsed, without any explicit discussion of medication efficacy. The applicant's work status was not clearly detailed.In a progress note dated September 26, 2014, the applicant was placed off of work, on total temporary disability owing to ongoing complaints of low back pain, 6/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; Functional Restoration Approach to Chronic Pain Management Page(s.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work, on total temporary disability. The applicant was described on an office visit of November 26, 2014 as reporting severe, 10/10 low back pain, despite ongoing usage of naproxen. Ongoing usage of naproxen has failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20, despite ongoing usage of the same. Therefore, the request is not medically necessary.