

Case Number:	CM14-0022919		
Date Assigned:	05/12/2014	Date of Injury:	08/17/2012
Decision Date:	04/23/2015	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/24/2014

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, New York, 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 35-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 17, 2012. In a Utilization Review Report dated February 7, 2014, the claims administrator failed to approve a request for Naprosyn. The claims administrator referenced an RFA form received on January 31, 2014 in its determination. The applicant's attorney subsequently appealed. In a psychiatric medical-legal evaluation dated February 17, 2015, it was acknowledged that the applicant was receiving Workers' Compensation indemnity benefits and was not, in fact, working. On March 8, 2015, the applicant received multilevel lumbar facet injections. The applicant was placed off of work, on total temporary disability, via a progress note dated November 22, 2013. No discussion of medication efficacy transpired. Various medications, including tramadol, Naprosyn, and Prilosec were apparently dispensed. The attending provider acknowledged that the applicant had not demonstrated any functional restoration. 5-8/10 pain complaints were reported. On December 20, 2013, multiple medications including Naprosyn, tramadol, and Prilosec were again renewed. The attending provider did state that the applicant's pain scores were reduced from 8/10 without medications to 1/10 with medications. The applicant did report some issues with heartburn. The applicant was, once again, placed off of work, on total temporary disability. The attending provider acknowledged that the applicant had not demonstrated any functional restoration with earlier treatment. On March 20, 2014, tramadol, Naprosyn, and Prilosec were again renewed. Once again, the attending provider acknowledged that the applicant had not

demonstrated any functional restoration to date. 4-8/10 pain without medications versus 1/10 pain with medications was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 69.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option to combat issues with NSAID-induced dyspepsia is cessation of the offending NSAID. Here, the applicant has apparently developed issues with Naprosyn-induced dyspepsia. Discontinuing Naprosyn, thus, appeared to be a more appropriate option than continuing the same in the face of the applicant's failure to demonstrate a material benefit or functional improvement with ongoing Naprosyn usage. The applicant remained off of work, on total temporary disability, the treating provider acknowledged, despite ongoing Naprosyn usage. The applicant has failed to make any progress in terms of functional restoration, the attending provider acknowledged on multiple progress notes, referenced above. Ongoing usage of Naprosyn 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 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.