

Case Number:	CM15-0002336		
Date Assigned:	01/13/2015	Date of Injury:	09/24/1997
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/06/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker is a 64 year old male, who sustained an industrial injury on 9/24/97. He has reported low back pain. The diagnoses have included back pain and lumbar stenosis. Treatment to date has included oral and topical medications. As of the PR2 on 12/10/14, the injured worker reports 7/10 low back pain and reports a 20% overall improvement since beginning treatment. The treating physician is requesting to continue the Napralan 750mg #30 as the injured worker has tried and failed Ibuprofen and generic Naproxen. On 12/17/14 Utilization Review non-certified a prescription for Napralan 750mg #30. The UR physician cited the MTUS guidelines for NSAIDs. On 1/5/15, the injured worker submitted an application for IMR for review of Napralan 750mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan 750 Mg 1 QD PO #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Pain section, NSAI

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprolen (generic Naprosyn) 750 mg one po daily #30 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are back pain; lumbar stenosis; carpal tunnel syndrome; constipation; and adjustment reaction with prolonged depressive reaction. Subjectively, the injured worker complains of low back pain 7/10 but reports an overall 20% improvement since beginning treatment. Objectively, the injured worker uses a four point cane to ambulate. The documentation indicates Naprolen started May 30, 2013. The documentation does not contain evidence of objective functional improvement as it relates to ongoing Naprolen use. Naprolen is indicated for the shortest period at the lowest dose in patients with moderate to severe pain. The injured worker stated 20% improvement, however, the injured worker was taking Naprolen for approximately 22 months. Consequently, absent clinical documentation with objective functional improvement to support the ongoing use of Naprolen in excess of the recommended timeframe for use, Naprolen 750 mg 1 po daily #30 is not medically necessary.