

Case Number:	CM15-0006751		
Date Assigned:	02/06/2015	Date of Injury:	03/24/2011
Decision Date:	03/25/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/12/2015

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: Florida

Certification(s)/Specialty: Family Practice

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 36 year old female who sustained an industrial injury on 03/24/2011. Diagnoses include thoracic/lumbosacral neuritis, lumbar spinal stenosis with neurogen claudication, post-laminectomy syndrome of the lumbar region, and acquired spondylolisthesis. Treatment to date has included medications, physical therapy, orthotics, chiropractic sessions, and surgery. A physician progress note dated 07/31/2014 documents the injured worker has worsened symptoms in terms of back pain and radicular pain to the left lower extremity. Quad strength is unreliable on the left, knee has buckled and she has fallen. She reports 2-3 weeks of urinary control issues, consistent with severely stenotic L3-4 level due to extruded disc on recent Magnetic Resonance Imaging. On 12/30/2014 Utilization Review non-certified the request for Naproxen 500mg #60 DOS: 09/25/2014, and cited was California Medical Treatment Utilization Schedule (MTUS)-Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naproxen 500mg #60 DOS: 09/25/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): Pages: 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 Naproxen is not medically necessary.