

Case Number:	CM15-0108757		
Date Assigned:	06/15/2015	Date of Injury:	11/04/2013
Decision Date:	07/14/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	06/05/2015

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 35 year old male, who sustained an industrial injury on 11/4/2013. The current diagnosis is lumbar radiculitis. According to the progress report dated 5/13/2015, the injured worker complains of constant, sharp low back pain with occasional radiation into his left buttocks. The pain is rated 5-6/10 on a subjective pain scale. The medications prescribed are Norco and Naproxen. Treatment to date has included medication management, MRI studies, physical therapy, TENS unit, home exercise program, chiropractic, electrodiagnostic testing, and lumbar epidural steroid injection. The MRI demonstrated broad based disc bulging at L4-5 and L5-S1 with a disc bulge/osteophyte that abuts the left sacroiliac nerve root. The plan of care includes prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen DR 500 mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen DR 500mg #100 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. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is lumbar radiculitis. The injured worker was seen in an initial evaluation by a new PM&R provider on April 1, 2015. The worker complained of low back pain 5/10 on no medications. The treating provider started Naproxen 375 mg b.i.d. and Tylenol #3. In a follow-up progress note dated May 6, 2015, the injured worker feels the same and has received no relief from Tylenol #3 or naproxen 375 mg. The provider changed Tylenol #3 to Norco. The provider changed Naproxen 375 mg to Naproxen DR 500 mg #100 (a 50 day supply). It was no clinical rationale in the medical record for a 50-day supply of Naproxen DR 500 mg because the worker was slated to return in one month (30 days). Consequently, absent compelling clinical documentation for a 50-day supply of Naproxen DR (during an initial trial of Naproxen DR), Naproxen DR 500mg #100 is not medically necessary.