

Case Number:	CM15-0109289		
Date Assigned:	06/15/2015	Date of Injury:	08/21/1997
Decision Date:	07/14/2015	UR Denial Date:	05/09/2015
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
 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 55 year old female, who sustained an industrial injury on 8/21/1997. The injured worker was diagnosed as having cervicalgia and lumbar complaints. Treatment to date has included diagnostics, facet injections, multiple spinal surgeries, and medications. Currently, the injured worker complains of ongoing neck (rated 5/10) and low back pain (rated 6/10) with radicular symptoms in the right leg. She noted substantial benefit with medication use, without side effects. Medication use was documented to provide a 90% reduction in pain and attempts at weaning resulted in increased pain and suffering, with decreased functional capacity. Urine toxicology (12/01/2014) was documented as within normal limits. Medications included Simvastatin, Norco, Neurontin, Naprosyn, Metformin, Lantus insulin, Dexilant, Butrans patch, Benzepiril, Aspirin, and Amitriptyline. Inspection of her chest wall noted tenderness to palpation near the PMI (point of maximal impulse). Neck exam noted pain with palpation over the C2-C5 facet capsules, secondary myofascial pain with triggering, and ropey fibrotic banding and spasm. Lower extremity muscle strength was 5-/5. Right patellar and Achilles reflexes were ¼. Decreased sensation was noted at the right L4 and L5 dermatome. Her work status was permanent and stationary. The treatment plan included continued medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs Page(s): 67-69.

Decision rationale: Based on MTUS guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic back pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For patients with acute low back pain with sciatica a recent Cochrane review found no differences in treatment with NSAIDs vs. placebo. In patients with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain, and that acetaminophen had fewer side effects. The addition of NSAIDs or spinal manipulative therapy does not appear to increase recovery in patients with acute low back pain over that received with acetaminophen treatment and advice from their physician. For chronic low back pain, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain 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 affects than placebo and acetaminophen but fewer than muscle relaxants and narcotic analgesics. There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis in with neuropathic pain. Besides the well documented gastrointestinal and cardiovascular side effects of NSAIDs, there are other less well-known effects of NSAIDs, and the use of NSAIDs has been shown to possibly delay and hamper healing in all the soft tissues including muscles, ligaments, tendons, and cartilage. In this case the patient has been on Naprosyn (an NSAID) for at least several months for chronic neck and low back pain, some of which is neuropathic. The patient's pain is fairly well controlled on her current regimen, but based on MTUS guidelines, NSAIDs are recommended for short term use and not recommended for long-term use of chronic low back pain. Also due to the myriad of side effects of Naprosyn (NSAIDs), it is not recommended for an extended period of time. There does not appear to be an acute exacerbation of a chronic injury in this case which would warrant additional short term treatment with Naprosyn. Therefore, based on the evidence in this case and the MTUS guidelines, the request for Naproxen 500 mg po bid #60 x 3 is not medically necessary.