MAXIMUS Federal Services

Case Number:	CM15-0018352		
Date Assigned:	02/06/2015	Date of Injury:	10/15/2002
Decision Date:	04/02/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	01/30/2015

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: Georgia, California, Texas
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 injured worker (IW) is a 40 year old male, who sustained an industrial injury on October 15, 2002. The diagnoses have included lumbosacral strain, lumbar or lumbosacral disc degeneration, sprains and strains of lumbar region and myofascial pain/myositis. Treatment to date has included oral pain medications. Currently, the injured worker complains of lumbar back pain the pain is described as sharp, stabbing and aching and is constant, it is exacerbated by bending, standing, stress, taking stairs and is relieved by laying down, heat, massage, medicines, ice, cane and brace. 07/24/14 office note stated that medications helped IW tolerate less than normal activities throughout the day by at least 60-70% and that he was more functional with medications than without. Ability to sit, stand, or walk was improved by 25-30%. No medication adverse reactions or side effects were noted. 07/24/14 confirmatory urine drug screen was positive for morphine, hydromorphone and benzodiazepines and was negative for prescribed duloxetine, gabapentin, and cyclobenzaprine. Specimen validity testing was abnormal with creatinine of 12.3 (normal >20). Results were not discussed in subsequent office notes. IW reported 10/10 pain in 09/25/14 office note and 9/10 pain in subsequent office notes. Medications as of 09/25/14 were listed as bisacodyl, Cymbalta, diazepam, Doc-q-lace, famotidine, hydromorphone, naproxen 500 mg bid, Senna, morphine sulfate ER, Biofreeze, cyclobenzaprine, Gralise ER, pantoprazole, and Terocin lotion. Provider stated that spinal cord stimulator lead needed removal, and requested evaluation for a functional restoration program. 10/23/15 office note documented complaints of 9/10 pain with 10/10 interference with sleep, mood, concentration, driving, and leisure activities, 9/10 interference with personal care,

chores/housework, sitting, and walking, and 8/10 interference with getting up from chair or toilet. 10/23/14 oral fluid drug screen was negative for all substances tested, including prescribed morphine, hydromorphone, benzodiazepines, and gabapentin. Results were not discussed in subsequent office notes. In a progress note dated December 11, 2014, the treating provider reports pain limited range of motion of the lumbar spine, paresthesias to light touch noted in the medial and lateral left leg and medial right leg, sacroiliac joint compression test and slump test both positive. On January 6, 2015 Utilization Review non-certified a Naproxen sodium 550mg, noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68 of 127.

Decision rationale: For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. MTUS recommends short-term use of NSAIDs for chronic low back pain or acute exacerbations of low back pain, but does not support chronic use of NSAIDs for low back conditions. Despite ongoing use of the NSAID naproxen and multiple other medications, claimant reports constant and severe pain and severe functional limitations. In addition, drug screens suggest significant compliance issues with the current medication regimen which do not appear to have been addressed. Based upon the information submitted and MTUS recommendations, medical necessity is not established for the requested naproxen.