

Case Number:	CM15-0147511		
Date Assigned:	08/10/2015	Date of Injury:	12/27/2003
Decision Date:	09/04/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/29/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 54-year-old female, who sustained an industrial injury on 12-27-2003, resulting from a motor vehicle accident. The injured worker was diagnosed as having cervical and lumbar disc displacement without myelopathy, pain in joint, shoulder, other pain disorders related to psychological factors, degeneration of lumbar or lumbosacral intervertebral disc, and lumbar spinal stenosis. Treatment to date has included diagnostics, right shoulder surgery in 2-2007, cervical spinal surgery on 1-15-2013, left shoulder surgery on 10-28-2014, physical therapy, home exercise, and medications. Currently, the injured worker complains of chronic neck and back pain and pain in her left shoulder. She could not extend the left shoulder and continued to do her exercises as best she could. She continued to have low back pain with radiation to the right lower extremity. She had some relief with acupuncture, but this was temporary. She continued exercises for this as well. A review of symptoms was positive for anxiety and depression. Current medications included Capsaicin cream, Naproxen, Ketamine cream, Zaleplon, Robaxin, Gabapentin, Hydrocodone-APAP, and Synthroid. It was documented that Norco decreased pain from 10 out of 10 to 5 of 10. The efficacy of Naproxen was not noted. The treatment plan included continued medications, including Naproxen. The use of Naproxen was noted for at least six months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium-anaprox 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NON SELECTIVE NSAIDS Page(s): 72.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. (Naprelan Package Insert) There is no documentation of the rationale behind the long-term use of Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. The provider is requesting Naproxen 550 mg tid, which exceeded the maximum dose recommended by the guidelines. Therefore, the request for NAPROXEN 550 mg #90 is not medically necessary.