

Case Number:	CM15-0148702		
Date Assigned:	08/12/2015	Date of Injury:	09/10/2011
Decision Date:	09/09/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/31/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 42-year-old male who sustained an industrial injury on 9-10-11. Diagnoses are lumbar radiculopathy, herniation of the lumbar disc, and lumbar discogenic pain. In a doctor's first report of occupation injury or illness dated 6-24-15, the physician notes decreased range of motion with spasm and tenderness to palpation of the lumbar spine. He has positive sciatic notch tenderness bilaterally and a positive straight leg rise bilaterally. He has failed conservative therapy including chiropractic treatment, physical therapy, and anti-inflammatory medications. Work status is temporary total disability for 45 days. An MRI of the lumbar spine reveals a large disc herniation at the L5-S1 level measuring 6mm with neuroforaminal narrowing. The treatment plan is for one lumbar epidural steroid injection at the L5-S1 level bilaterally, a motorized cold therapy unit for purchase, Norco 10-325mg every 6 hours as needed for pain #60, and Naproxen 550mg twice a day #100. The requested treatment is Naproxen 550mg for a quantity of 100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 100: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73 Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in September 2011 and continues to be treated for right shoulder pain and pain throughout the spine. When seen, there was decreased lumbar spine range of motion with muscle spasms and tenderness. Straight leg raising was positive bilaterally. There was bilateral sciatic notch tenderness. There was decreased lower extremity sensation. Authorization for a lumbar epidural steroid injection was requested. Medications were prescribed including naproxen 550 mg two times per day. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and medically necessary.