

Case Number:	CM15-0160685		
Date Assigned:	08/27/2015	Date of Injury:	05/29/2006
Decision Date:	09/29/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/17/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 70 year old female, who sustained an industrial injury on May 29, 2006. The injured worker reported that the injured worker sustained a prior injury to the left hip, back, and left wrist and then in May 2006 the injured worker used her left knee to assist moving a client when she felt a popping sensation to the left knee. The injured worker was diagnosed as having thoracic sprain and strain, mild thoracic disc disease per magnetic resonance imaging, lumbar sprain and strain, lumbar radiculitis, lumbar disc disease per magnetic resonance imaging, left hip sprain and strain, left knee medial meniscal injury, left knee popliteal cyst, left knee tendinosis of the quadriceps and patellar tendons, left knee chondromalacia, left wrist pain, left wrist sprain and strain, left de Quervain tenosynovitis, erosive esophagitis and mild gastritis per upper gastrointestinal study, and asthma. Treatment and diagnostic studies to date has included home exercise program, use of a transcutaneous electrical nerve stimulation unit, chiropractic therapy, medication regimen, use of a knee brace, lumbar epidural injection, magnetic resonance imaging of the lumbar spine, upper gastrointestinal endoscopy, colonoscopy, x-rays of the left knee, magnetic resonance imaging of the left knee, magnetic resonance imaging of the left hip, x-rays of the lumbar spine, magnetic resonance imaging of the thoracic spine, and magnetic resonance imaging of the lumbar spine. In a progress note dated July 01, 2015 the treating physician reports complaints of constant burning pain to the thoracic spine, pain to the left lower back that radiates to the left hip and to the left knee along with weakness to the bilateral lower extremities and paresthesias to the bilateral lower extremities. The treating physician also noted intermittent pain, crepitation, locking, and weakness to the left knee.

Examination reveals tenderness to the left knee, left hip, positive McMurray's test, positive Patrick test, decreased range of motion to the left hip with pain, and decreased range of motion to the lumbar spine. The injured worker's medication regimen included topical Lidopro with the treating physician noting that the injured worker has stopped medications due to gastrointestinal symptoms. The injured worker's pain level was rated a 6 out of 10 to the back and a 2 to 6 out of 10 to the left knee. The treating physician noted upper gastrointestinal endoscopy performed on May 01, 2015 was remarkable for erosive esophagitis and gastritis with pending esophagus and stomach biopsies. The treating physician requested Naproxen 550mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) 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 effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: 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 (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.