

Case Number:	CM15-0161019		
Date Assigned:	08/27/2015	Date of Injury:	06/20/1986
Decision Date:	09/30/2015	UR Denial Date:	08/10/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57-year-old female who sustained an industrial injury on 6-20-86. The diagnoses are chronic lumbar spine strain-sprain, right greater than left sciatica and right L5 radiculopathy. In a progress report dated 7-31-15, the primary treating physician notes lumbar spine pain rated at 6-8 out of 10. An electromyography was negative. The 6-11-15 MRI was positive for neural foramen narrowing at L2-L4. Physical therapy offers some relief, but it is mild. The injured worker reports medication is helping with pain. Previous treatment noted is 14 sessions of acupuncture, 15 sessions of physical therapy, medications, and transcutaneous electrical nerve stimulation. Work status is temporary total disability; retired 3-22-14. The treatment plan is Naprosyn 550mg one twice a day and Tramadol 50mg one twice a day as needed for pain and a pain management consultation. The requested treatment is Naproxen 550mg #60 with 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 1 refill: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The current request is for Naproxen 550mg #60 with 1 refill. The RFA is dated 08/04/15. Previous treatment included 14 sessions of acupuncture, 15 sessions of physical therapy, medications, and transcutaneous electrical nerve stimulation. The patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, pg. 22 Anti-inflammatory medications section states: "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." In a progress report dated 7-31-15, the primary treating physician notes lumbar spine pain, which was rated at 6-8 out of 10. The diagnoses are chronic lumbar spine strain-sprain, right greater than left sciatica and right L5 radiculopathy. The patient reported that medications are helping with her pain. This is a request for Naproxen, which the patient has been using successfully since 11/14/14. MTUS guidelines indicate that NSAIDs such as Naproxen are considered first line for complaints of this nature. Given this patient's persistent lower back pain and documentation of medication efficacy, the requested Naproxen IS medically necessary.