

Case Number:	CM15-0165525		
Date Assigned:	09/01/2015	Date of Injury:	07/07/2011
Decision Date:	10/05/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: Arizona, California
 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 53 year old female who sustained an industrial injury on 09-07-11. Initial complaints include left ankle and foot pain as well as low back pain. Initial diagnoses are not available. Treatments to date include medications, physical therapy, a TENS unit, traction, epidural injections, and home exercises. Diagnostic studies include a MRI of the lumbar spine. Current complaints include back pain. Current diagnoses include lumbar facet arthropathy, lumbar radiculitis, lumbar myofascial strain, and lumbago. In a progress note dated 01-20-15 the treating provider reports the plan of care as medications including Nortriptyline, naproxen, tramadol, and LidoPro, as well as physical therapy, a urine drug screen, and electrodiagnostic studies of the bilateral lower extremities. The requested treatment includes naproxen filled on 01-20-15, 02-17-15, and 04-22-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg Tablet #60, Prescribed on January 20, 2015, February 17, 2015, and #120 on April 22, 2015, 3 fills for total of #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, GI

symptoms & cardiovascular risk; NSAIDs, specific drug list & adverse effects; Naproxen
Page(s): 22, 67, 68, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months with minimal improvement. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.