

Case Number:	CM15-0180337		
Date Assigned:	09/22/2015	Date of Injury:	04/25/2011
Decision Date:	10/26/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/14/2015

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 36 year old male who sustained an industrial injury on 4-25-2011. A review of medical records indicates the injured worker is being treated for neural encroachment bilateral L5-S1 with radiculopathy and lumbar spondylosis. Medical records dated 8-6-2015 noted low back pain with right greater than left lower extremity symptoms was rated 7 out of 10. Medical records dated 5-7-2015 rated pain a 7 out of 10. Physical examination dated 8-6-2015 noted tenderness to the lumbar spine. Lumbar range of motion was limited with pain. Positive straight leg raise right for pain to foot at 35 degrees and left for pain to distal calf at 45 degrees. Evaluations included MRI of the lumbar spine dated 8-5-2011. Treatment has included injection and medications (Naproxen since at least 2-14-2015). Utilization review noncertified Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Anti-inflammatories 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2011 injury nor have they demonstrated any functional efficacy in terms of improved work status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Naproxen 550mg twice a day #60 is not medically necessary and appropriate.