

Case Number:	CM15-0194432		
Date Assigned:	10/08/2015	Date of Injury:	11/21/2014
Decision Date:	11/16/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	10/02/2015

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(n) 47 year old female, who sustained an industrial injury on 11-21-14. The injured worker was diagnosed as having lumbar strain and sprain and bilateral lower extremity radiculitis. Medical records (5-21-15 through 6-22-15) indicated 6-7 out of 10 pain in the lower back. The physical exam (2-4-15 through 6-22-15) revealed lumbar flexion was 45 degrees and extension was 15 degrees. As of the PR2 dated 7-14-15, the injured worker reports lower back pain. She rates her pain 6 out of 10. There is no physical examination regarding the lower back. Current medications include Naproxen (since at least 6-22-15). Treatment to date has included physical therapy (from at least 7-14-15 to 7-31-15), acupuncture x 12 sessions and a functional capacity evaluation. The treating physician requested Naproxen 550mg #60 x 1 refill. The Utilization Review dated 9-3-15, non-certified the request for Naproxen 550mg #60 x 1 refill.

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 quantity 60 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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 2014 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 since at least 6/22/15. The Naproxen 550mg twice a day quantity 60 with one refill is not medically necessary and appropriate.