

Case Number:	CM15-0199584		
Date Assigned:	10/14/2015	Date of Injury:	06/04/2012
Decision Date:	12/02/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/10/2015

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: Texas, New York, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck, low back, and myofascial pain complaints reportedly associated with an industrial injury of June 4, 2012. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for naproxen. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported ongoing complaints of low back pain radiating to the left leg. The applicant was described as doing very poorly, the treating provider acknowledged. The applicant was unable to sit for even 2 minutes continuously, the treating provider reported. The applicant had apparently gone to the emergency department some 10 days prior, the treating provider reported. The applicant was pending an epidural steroid injection. The applicant's medications included Norco, naproxen, Neurontin, Motrin, and Prilosec, the treating provider acknowledged. 7/10 pain complaints were reported in another section of the note. Multiple medications were renewed, including Norco, naproxen, and Neurontin. The applicant was kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg 1 tablet orally three times daily as needed with food, 30 days #120 with no refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of applicant-specific variables such as other medications into his choice of pharmacotherapy and by commentary made in the MTUS Guideline in ACOEM Chapter 3, page 47 to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the attending provider's September 8, 2015 office visit did not clearly state why the applicant was being given 2 separate anti-inflammatory medications, Motrin and naproxen. It was not stated why the applicant needed to use 2 separate anti-inflammatory medications. No seeming discussion of medication efficacy transpired. The applicant was described as having severe pain complaints on September 8, 2015. Activities of daily living as basic as sitting for longer than 2 minutes remained problematic, the treating provider reported on that date. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco, the treating provider acknowledged, the latter of which the applicant was using at a rate of 4 times a day as of September 8, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.