

Case Number:	CM15-0200530		
Date Assigned:	10/15/2015	Date of Injury:	06/10/2011
Decision Date:	11/25/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: New Jersey

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 54-year-old female who sustained an industrial injury on 6-10-2011. Diagnoses have included lumbosacral joint and ligament sprain and strain and traumatic arthropathy of the lower leg. Documented treatment includes injections, yoga, swimming, and medication including Oxycodone for break through pain and naproxen for inflammation. She has been on naproxen since at least 6-2015. Use and response to naproxen was not provided in the medical record, however, the physician stated that "medications are helping with residual pain control after SI joint injection." Voltaren gel was noted to have been requested but not received. On 9-2-2015 the injured worker reported constant pain rated between 7 and 9 out of 10, characterized as sharp, burning, electricity, and "pins and needles." Examination revealed decreased lumbothoracic range of motion in "all planes," tenderness over the lumbar paraspinous area and sacroiliac joint, and positive left Patrick's sign, Faber's test and Gaenslen's test. The treating physician's plan of care includes naproxen sodium 500 mg #60 which was denied on 10-1-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 500mg #60: 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 Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, the recent notes states that the collective use of medications (including naproxen) "improves her condition," however, there was no found report on quantitatively how effective medications were with use, nor was there any mention of how effective naproxen was independent of the other medications used. Regardless, this medication is not indicated for chronic, ongoing use as was being done and for which was requested (#60 pills of naproxen sodium 500 mg). Therefore, due to these factors, this request will be considered medically unnecessary at this time.