

Case Number:	CM15-0203700		
Date Assigned:	10/20/2015	Date of Injury:	07/08/2010
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/16/2015

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, Massachusetts
 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 injured worker is a 52 year old male, who sustained an industrial injury on 7-8-2010. The injured worker is undergoing treatment for: post laminectomy of lumbar syndrome. On 8-18-15, he reported low back pain with radiation into the bilateral lower extremities. He rated his pain 7 out of 10. He denied adverse side effects, and is noted to utilize naproxen for inflammation. On 9-14-15, he reported back and right leg pain. He also reported difficulty sleeping and muscle spasms. Objective findings revealed negative straight leg raise testing, no spasm or guarding, and tenderness is noted to the lumbar paraspinals. There is no discussion of pain reduction with Naproxen. The treatment and diagnostic testing to date has included: lumbar fusion (date unclear), medications, spinal cord stimulator (date unclear), epidural injections (date unclear), TENS, and multiple sessions of physical therapy. Medications have included: Norco, naproxen, docusate, protonix. The records indicate he has been utilizing naproxen since at least May 2015, possibly longer. Current work status: unclear. The request for authorization is for: Naproxen sodium 550mg one every 12 hours quantity 90. The UR dated 10-1-15: non-certified the request for Naproxen sodium 550mg one every 12 hours quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg, 1 every 12 hours, #90: Overturned

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 injured worker was injured in 2010 resulting in chronic lower back pain. According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records, there is improvement with the current dose of NSAID. In this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is standard minimal, and there is no contra-indication for ongoing long-term use, I believe continued use is medically necessary at this time for this patient.