

Case Number:	CM15-0204591		
Date Assigned:	10/21/2015	Date of Injury:	05/02/2003
Decision Date:	12/09/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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: Colorado
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 65 year old male, who sustained an industrial injury on 5-2-03. The injured worker was diagnosed as having chronic neck pain, chronic low back pain with left L5 radiculopathy, and chronic myofascial pain. Treatment to date has included a home exercise program, epidural steroid injections, and medication including Norco, Nucynta, and Naproxen. On 9-21-15 the treating physician noted "he is not able to do real strenuous activity but he is able to take care of personal hygiene, some light household chores including some cooking simple meals and some dishes and laundry etc. Without the medication he feels he would not be able to do these activities." On 7-27-15 pain was rated as 8 of 10 without medication and 4 of 10 with medication. The injured worker had been taking Naproxen since at least January 2015. On 9-21-15, the injured worker complained of neck, back, and bilateral upper extremity pain rated as 9 of 10 without medication and 7 of 10 with medication. On 9-28-15 the treating physician requested authorization for Naproxen 550mg #60. On 9-29-15 the request was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg bid #60 (dispensed 8/24/15): 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), NSAIDs, specific drug list & adverse effects.

Decision rationale: Per the Guidelines, Non-steroidal anti-inflammatory drugs may be considered first-line therapy for short-term, symptomatic relief of moderate to severe pain, and recent clinical trials support the use in chronic low back as an effective measure. (Acetaminophen is considered first line therapy for mild to moderate pain or in patient's at high risk for adverse gastrointestinal events.) The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. Per the Guidelines, no consistent, quality evidence exists to support the use of Non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain, or combination pain syndromes (nociceptive pain with neuropathic pain). There is insufficient evidence to support long term use of non-steroidal anti-inflammatory drugs for pain. As with other pain medications, assessment for improved pain and function should be documented when using non-steroidal anti-inflammatory drugs. For the patient of concern, the records indicate patient has been using Naproxen for more than 6 months for low back pain and neck pain. Pain ratings are slightly improved when Naproxen is included in patient regimen, but there is no objective assessment of function in relation to Naproxen. Naproxen is not recommended for long term use, and without clear evidence that Naproxen improves pain as well as function, the Naproxen is not medically indicated.