

Case Number:	CM15-0209236		
Date Assigned:	10/28/2015	Date of Injury:	10/09/2014
Decision Date:	12/14/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/23/2015

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 York, Tennessee

Certification(s)/Specialty: Emergency 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 37 year old male who sustained an industrial injury on 10-09-2014. According to a progress report dated 09-30-2015, the injured worker continued to have ongoing and "debilitating" pain in his lower back radiating down to both lower extremities with numbness in both feet. Pain could go as high as 9 on a scale of 1-10 and decreased to 7 with his current medical regimen. The provider noted that an MRI of the lumbar spine showed significant disc protrusion at L4-5. The provider also noted that MRI of the lumbar spine also revealed an 8 mm ruptured disc which was almost 15 mm in length at L4-5. A lumbar epidural steroid injection was authorized. The injured worker reported left knee pain. MRI of the left knee performed on 03-27-2015 revealed degenerative changes along the medial and lateral menisci. He was currently taking Norco which enabled him to work on a daily basis. Trigger point injections provided a good week of relief enabling him to sleep better at night. Assessment included lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, left knee internal derangement and medication induced gastritis. The treatment plan included lumbar epidural steroid injection and electrodiagnostic studies of the lumbar paraspinal muscles and bilateral lower extremities. He had a follow-up appointment with his primary care physician on 10-01-2015 for refill of his Norco and Meloxicam. A prescription was written for Fexmid. Follow up was indicated in one month. An authorization request dated 09-30-2015 was submitted for review. The requested services included Fexmid 7.5 mg twice a day #60 and Naproxen Sodium 330 mg #60. On 10-14-2015, Utilization Review non-certified the request for Naproxen Sodium 330 mg quantity 60, (retrospective date of service 9-30-15) and authorized the request for Cyclobenzaprine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 330 mg Qty 60, (retrospective DOS 9/30/15): 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: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving NSAID's since at least April 2015 without relief of pain. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.