

Case Number:	CM15-0028046		
Date Assigned:	02/20/2015	Date of Injury:	05/01/2008
Decision Date:	04/14/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	02/13/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 male with an industrial injury dated 05/01/2008. His diagnoses include herniated nucleus pulposus of the lumbosacral spine with bilateral L5 radiculopathy. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications, trigger point injections, and physical therapy. In a progress note dated 12/12/2014, the treating physician reports ongoing low back pain (rated 6-7/10 without medications and 3-4 with medications) which radiates to both lower extremities with the left worse than the right. The objective examination revealed pain on palpation of the lumbosacral spine, limited range of motion, and positive straight leg raises on the left. The treating physician is requesting Naprosyn which was denied by the utilization review. On 01/12/2015, Utilization Review non-certified a prescription for Naprosyn 500mg #60; however, no rationale or cited guidelines were provided. On 02/13/2015, the injured worker submitted an application for IMR for review of Naprosyn 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg quantity 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't support that naproxen is being used for the shortest period of time and at the lowest possible dose.