

Case Number:	CM15-0221307		
Date Assigned:	11/16/2015	Date of Injury:	06/01/1993
Decision Date:	12/31/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/10/2015

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: Texas, Illinois

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 59 year old male who sustained an industrial injury on 6-1-93. A review of the medical records indicates he is undergoing treatment for lumbago, post-laminectomy syndrome of the lumbar region, backache, pain in upper arm joint and major depression. Medical records (5-5-15, 5-27-15) indicate complaints of low back pain, as well as anterior and posterior left leg pain. He also complains of constipation (5-27-15). He reports that he is not working. The record indicates that he is taking his medications as prescribed and reports that they "are working well". He reports his pain level before medications is "7 out of 10". The records do not indicate his pain level after taking his medications (5-27-15). The physical exam (5-27-15) reveals a "normal" gait. The treating provider indicates "loss of normal lordosis with straightening of the lumbar spine". The straight leg raise is negative. Tenderness is noted over the superior aspect of the paraspinous muscles and along the midline. The motor exam reveals "normal tone, power, and nutrition" of the muscles. Diagnostic studies have included x-rays and an MRI of the lumbar spine. Treatment has included physical therapy, a home exercise program, and medications. His medications include Gabapentin, Tramadol, Terocin patches, Lisinopril, Paxil, Valium, Azithromycin, Tab ranitidine, and Naprosyn (since at least 9-23-14). The utilization review (11-2-15) includes a request for authorization of Naproxen 550mg #30. The request was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 550 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on 6-1-93. The medical records provided indicate the diagnosis of lumbago, post-laminectomy syndrome of the lumbar region, backache, pain in upper arm joint and major depression. Treatments have included physical therapy, a home exercise program, Gabapentin, Tramadol, Terocin patches, Lisinopril, Paxil, Valium, Azithromycin, Tab ranitidine, and Naprosyn (since at least 9-23-14). The medical records provided for review do not indicate a medical necessity for 1 prescription of Naproxen 550 mg #30. Naproxen is an NSAID, and like all NSAIDs, they are recommended for acute use in the treatment of moderate to severe pain. They are not intended for chronic use due to several adverse effects like delayed healing, hypertension, renal and gastric side effects. When used for extended period the MTUS recommends monitoring for blood counts, liver and kidney functions. The medical records indicate the injured worker has been using this medication for more than one year, against the recommendation for acute term use. The request is not medically necessary.