

Case Number:	CM15-0035015		
Date Assigned:	03/03/2015	Date of Injury:	05/25/2006
Decision Date:	04/08/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	02/24/2015

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 Jersey, New York
 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 53 year old male, who sustained an industrial injury on May 25, 2006. He has reported lower back pain and bilateral leg pain. The diagnoses have included lumbar/lumbosacral disc degeneration, lumbar spine spondylolisthesis, lumbar spine facet arthropathy, and right lumbar spine radiculopathy. Treatment to date has included medications, facet block, transforaminal epidural steroid injection, and imaging studies. A progress note dated January 27, 2015 indicates a chief complaint of lower back pain and bilateral leg pain and numbness. The treating physician requested a prescription for Naprosyn 500 mg x 60 with three refills. On February 20, 2015 Utilization Review partially certified the request for Naprosyn with an adjustment to one refill citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 24, 2015, the injured worker submitted an application for IMR of a request for a prescription for Naprosyn 500 mg x 60 with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Naprosyn # 60 with 3 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Naproxen, NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 68.

Decision rationale: The request for Naprosyn is not medically necessary. As per MTUS guidelines, NSAIDs are recommended for short-term symptomatic relief of back pain. The patient was documented to have increase function with Naprosyn. MTUS guidelines state that NSAIDS may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and GI bleeding. NSAIDs are recommended for the shortest time possible. Three refills are not indicated at this time. Therefore, the request is considered not medically necessary.