

Case Number:	CM15-0036760		
Date Assigned:	03/05/2015	Date of Injury:	01/30/2005
Decision Date:	04/13/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/26/2015

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
 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 54 year old male who sustained an industrial injury on January 30, 2005. The injured worker was diagnosed with spondylosis. The injured worker underwent multiple surgical interventions of the cervical spine beginning in 2009 with an artificial disc replacement to fusion extensions and most recently removal of retained hardware at C6-C7 on November 11, 2104. According to the primary treating physician's progress report on January 12, 2014 the injured worker continues to experience neck pain with guarding and tenderness and occasional left arm pain. The metallic taste in his mouth is improving since removal of the retained plate. Current medications consist of Doral for sleep and Naproxen. Treatment modalities are not documented. The treating physician requested authorization for prospective request for Naproxen 550 mg table QTY: 1 and prospective request for Doral 15 mg tablet, refills time 2 between 1/22/15 and 3/8/15 for the management of continued neck and left arm pain and post-surgical removal of retained anterior cervical plate as an outpatient. On January 27, 2015 the Utilization Review denied certification for Naproxen 550 mg table QTY: 1 and prospective request for Doral 15 mg tablet, refills time 2 between 1/22/15 and 3/8/15. Citations used in the decision process were multiple alternative evidence based guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recommend prospective request for Naproxen 550 mg table QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, www.rxlist.com, ODG Workers compensation drug formulary, www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid dose calculator-Agency medical directors group dose calculator](http://www.empr.com-opioid-dose-calculator-Agency-medical-directors-group-dose-calculator) www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, they were prescribed naproxen, however, there was insufficient explanation found in the documentation to understand the reasoning for an NSAID years after the injury. Therefore, as chronic use of naproxen would not be recommended due to the side effects associated with regular use, it will be considered medically unnecessary.

Recommend prospective request for Doral 15 mg tablet, refills time 2 between 1/22/15 and 3/8/15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation EBN reference, Goodman and Gilman's The Pharmacological Basis of Therapeutics, Physician's desk reference, www.rxlist.com, ODG Workers compensation drug formulary, www.odg-twc/formulary.htm, Epocrates online www.online.epocrates.com, monthly prescribing reference, [www.empr.com-opioid dose calculator-Agency medical directors group dose calculator](http://www.empr.com-opioid-dose-calculator-Agency-medical-directors-group-dose-calculator) www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: The MTUS Guidelines for Chronic Pain state that benzodiazepines are not recommended for long-term use due to their risk of dependence, side effects, and higher tolerance with prolonged use, and as the efficacy of use long-term is unproven. The MTUS suggests that up to 4 weeks is appropriate for most situations when considering its use for insomnia, anxiety, or muscle relaxant effects. In the case of this worker who had insomnia, the use of Doral was prescribed. He used Doral for some time before this request, but no documentation was found in the notes provided to show how it affected the worker's overall function, including sleep, to help justify its continuation. Regardless, as the request was intended

for the worker to continue to use Doral on a chronic basis, which is not recommended for this medication class, it will be considered medically unnecessary. Weaning may be indicated.