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| Case Number: | CM15-0044037 | | |
| Date Assigned: | 03/13/2015 | Date of Injury: | 08/20/2008 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/13/2015 |
| Priority: | Standard | Application Received: | 03/09/2015 |

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 53-year-old male, who sustained a work/ industrial injury on 8/20/08. He has reported initial symptoms of low back pain. The injured worker was diagnosed as having lumbosacral neuritis. Treatments to date included medication, psychologist, back brace, and home exercise program. Currently, the injured worker complains of moderate to severe pain in the low back that radiated in to the right lower extremity along with numbness and tingling in the right lower extremity. Symptoms worsened in cold weather. The treating physician's report (PR-2) from 1/27/15 indicated by examination that there was tenderness on palpation of the paravertebral muscle and mild spasm bilaterally. There was tenderness on palpation of the right sciatic notch and gluteal muscles. The range of motion of the lumbar spine was limited in all planes with flexion to 40 degrees, extension to 16 degrees, right bend was 17 degrees, and left bend was 18 degrees. There was decreased sensation in the right L5, S1 nerve root distribution. Straight leg raise (SLR) was positive on the right at 45 degrees leg elevation. Motor strength was normal. Deep tendon reflexes were normal and symmetric bilaterally 2/2. Diagnosis was lumbar intervertebral disc disorder, lumbar radiculitis, radiculopathy, and symptoms of anxiety and depression. Medications included Naprosyn, Omeprazole, and Tylenol #4. Treatment plan included continuing a home exercise program and refilling medications to include Naprosyn 250mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 250mg, #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 78.

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 are relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, there was insufficient documented evidence of measurable functional gains directly related to Naprosyn use, which was used chronically for months leading up to this request. Regardless, however, the chronic use of NSAIDs is discouraged due to their significant associated long-term risks. Therefore, the Naprosyn will be considered medically unnecessary.