

Case Number:	CM15-0081788		
Date Assigned:	05/04/2015	Date of Injury:	04/09/2007
Decision Date:	06/02/2015	UR Denial Date:	04/02/2015
Priority:	Standard	Application Received:	04/28/2015

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, California
 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:

This 59 year old female sustained an industrial injury to the back on 4/9/07. Previous treatment included magnetic resonance imaging, physical therapy, home exercise and medications. In a progress note dated 3/5/15, the injured worker complained of left sided low back pain. The injured worker also reported a six week history of "different" right sided low back pain with radiation down the leg. The injured worker rated her pain 5-6/10 on the visual analog scale. Current diagnoses included lumbar spine degenerative disc disease, cervical spine degenerative disc disease and degeneration of intervertebral disc. The treatment plan included continuing medications (Suboxone, Miralax, Trazadone, Naprosyn and Lidoderm Patch) and continuing home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen #60, 1 tablet up to twice a day, 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant required the use of a PPI while on NSAIDs. In addition, future pain response for 5 refills cannot be predicted and long-term use is not recommended. Continued use of Naproxen is not medically necessary.