

Case Number:	CM15-0085196		
Date Assigned:	05/07/2015	Date of Injury:	09/24/2012
Decision Date:	06/08/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/04/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 32 year old female, who sustained an industrial injury on 9/24/12. She reported pain in her lower back related to lifting a heavy object. The injured worker was diagnosed as having low back pain and lumbar radiculitis. Treatment to date has included a TENs unit that was not helpful, lumbar x-rays and Naproxen 550mg (since at least 12/5/2014). Chiropractic treatments have been requested, but have not been approved. As of the PR2 dated 4/8/15, the injured worker reports medication helps keep her pain level 4-6/10. She rates her pain 9-10/10 without medications. Objective findings include limited lumbar spine range of motion in both flexion and extension. The treating physician requested to continue Naproxen 550mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73, 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #120 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are low back pain; and lumbar radiculitis. Documentation shows. According to the earliest progress note dated November 5, 2014, the injured worker was taking Naproxen 550 mg. The request for authorization is dated April 8, 2015. In a January 2015 progress note, the treating provider discussed changing the Naproxen 550 mg to a trial of Celebrex. There was no clinical rationale for changing one non-steroidal anti-inflammatory to another. There is no documentation of G.I. bleeding or other gastrointestinal risk factors. In the April 8, 2015 progress note, the treating provider requested a two-month supply of naproxen (naproxen 550 mg PO b.i.d. #120). There is no documentation evidencing objective functional improvement. The VAS pain scale remained elevated at 5-6/10 (unchanged from the November 2014 progress note. The documentation does not contain the start date for Naproxen 550 mg. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There has been no attempt at weaning Naproxen 550 mg. Consequently, absent compelling clinical documentation with objective functional improvement and attempt to wean Naproxen 550 mg, Naproxen 550mg #120 is not medically necessary.