MAXIMUS Federal Services

Case Number:	CM14-0114482		
Date Assigned:	08/04/2014	Date of Injury:	10/27/2013
Decision Date:	11/19/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Neurology has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 33-year-old man who sustained a work-related injury on October 27, 2013. Subsequently, he developed chronic neck pain. On the progress report dated June 9, 2014, there were no complaints reported by the patient. The patient has begun functional restoration with improvement. On examination, the patient walked with a non antalgic gait and was able to heel and toe walk without difficulty. Examination of the cervical spine revealed tenderness to palpation in the upper, mid, and lower paravetebral and trapezius muscle. The range of motion was flexion to 40 degrees with 40 degrees right lateral bending, 40 degrees left lateral bending, 40 degrees right lateral rotation, 50 degrees left lateral rotation, and 40 degrees extension. There was increased pain with cervical extension. There was a negative Spurling, Adson, and Wright maneuver. Examination of the thoracic spine revealed tenderness to palpation in the upper, mid, and lower paravertebral muscles. There was mild limitation of motion. Examination of the bilateral shoulder-girdles revealed periscapular and trapezius tenderness with no winging. There was no tenderness and negative Tinel's sign over the brachial plexus and thoracic outlet. Examination of the lumbar spine revealed tenderness to palpation in the upper, mid, and lower paravertebral muscles. The range of motion was flexion 20 degrees, 20 degrees right lateral bending, 20 degrees left lateral bending, 20 degrees right lateral rotation, 25 degrees left lateral rotation, and extension 15 degrees. There was increased pain with lumbar motion. Straight leg raising and rectus femoris stretch sign did not demonstrate any nerve irritability. The patient was diagnosed with contusion and straining injury of the cervical spine, closed-head injury, cervical radicular syndrome, contusion and straining injury of the thoracic spine, contusion and straining injury of the lumbar spine, thoracic disc protrusion T6, T7-T8, T10-T11, cervical disc protrusions C3, C4, C5, C6, C7, and lumbar disc protrusion at L4-5. The provider requested authorization for Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day ofnaproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or Naproxyn: 250-500 mg PO twice daily. Anaprox:275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higheranalgesia is required). Pain: Naprosyn or Naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days.Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. (Naprelan).There is no documentation of the rational behind using Anaprox. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Anaprox to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. There is no documentation that the patient developed arthritis pain that justify continuous use of Anaprox. There is no documentation of pain and functional improvement of previous use of Anaprox. Therefore, the request for Anaprox is not medically necessary.