

Case Number:	CM14-0120432		
Date Assigned:	08/06/2014	Date of Injury:	10/21/2010
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/30/2014

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 Physical Medicine and Rehabilitation, and Pain Medicine, and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 49-year-old male who reported an injury on 10/21/2010. The mechanism of injury was not included. The diagnoses included left sacroiliac joint pain, myofascial pain, lumbar facet joint pain at L3-S1, lumbar facet joint arthropathy, central disc bulge at L4-5 and L5-S1, mild to moderate bilateral L4 neural foraminal stenosis, lumbar sprain/strain, right knee internal derangement, and status post right knee surgery. The progress note dated 07/08/2014, noted the injured worker complained of bilateral low back pain with right knee pain. The physical exam revealed tenderness upon palpation of the lumbar paraspinal muscles, left knee and lumbar range of motion restricted by pain in all directions. Muscle reflexes were 1 and symmetric bilaterally in all of the limbs. Muscle strength was 5/5 in all limbs with positive Patrick's maneuver, sacroiliac compression, and tenderness of the left sacral sulcus. Medications included Ultracet 1 to 2 tablets 4 times a day as needed for pain and Naprelan 500 mg 2 tablets daily. Previous medications were noted as Lyrica, ibuprofen, Tylenol /#3, Naprosyn, and gabapentin. The treatment plan recommended knee injections, chiropractic therapy, aquatic therapy, a right knee brace, and refill of his prescriptions including Naprelan and Ultracet. The Request for Authorization form was submitted for review on 07/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68, 73..

Decision rationale: Per the California MTUS Guidelines, naproxen is recommended for the relief of the signs and symptoms of osteoarthritis over the shortest duration, and for short term symptomatic relief of chronic low back pain. It is not recommended for the treatment of neuropathic pain, or for long term use. It is unclear how long the injured worker has been using NSAIDS. There is a lack of documentation indicating the injured worker has had significant objective functional improvement or improvement in pain with the medication use. Additionally, the request does not indicate the frequency at which the medication is prescribed to determine medical necessity. Given the above, the continued use of Naprelan is not indicated at this time. As such, the request is not medically necessary.