

Case Number:	CM14-0125803		
Date Assigned:	08/13/2014	Date of Injury:	06/23/2012
Decision Date:	10/10/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Practice, and is licensed to practice in California. 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:

56 yr. old female claimant sustained a work injury on 8/23/12 involving the low back. She was diagnosed with chronic low back pain. A progress note on 7/2/14 indicated she had 2-5/10 back pain. Exam findings were notable for muscle spasms, numbness/tingling and limited movement. The treating physician requested Neurontin as well as continuation of Naprosyn 500mg along with Tramadol for pain. The claimant had been on these medications since at least March 2014 with similar pain levels and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg/tab #45: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects Naproxen (Naprosyn).

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

Decision rationale: According to the MTUS guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients. It is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain

suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. In this case, there is no evidence of Tylenol failure. The claimant's pain and function were no improving over time while on Naprosyn. The continued use of Naprosyn is not medically necessary.