

Case Number:	CM14-0142568		
Date Assigned:	09/12/2014	Date of Injury:	03/17/2010
Decision Date:	10/30/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in 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 47-year-old female with a reported injury on 03/17/2010. The mechanism of injury was not stated in the records. The injured worker's diagnoses included lumbar radiculopathy, lumbosacral radiculopathy, and plantar fasciitis. The injured worker's past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There is no relevant surgical history noted in the records. The subjective complaints on 06/27/2014 included chronic low back pain and left foot pain. The objective physical exam findings noted left lower extremity weakness, numbness in the left lower extremity, along with tingling. There was also decreased range of motion to the lumbar spine. The injured worker's medications included gabapentin 100 mg, gabapentin 300 mg, Naprosyn 500 mg, and Voltaren 1% topical gel. The treatment plan was to continue and refill medications. A request was received for EC Naprosyn 500 mg, #60 with 5 refills. A request was received for gabapentin 100 mg, 1 capsule twice a day for 30 days #60 with 5 refills, lumbar spine. The rationale for the request was to decrease the patient's pain. The Request for Authorization form was not submitted within the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

EC Naprosyn 500mg, #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for EC Naprosyn 500mg, #60 with 5 refills is not medically necessary. The California MTUS Guidelines recommend that non-steroidal anti-inflammatory drugs (NSAIDs) should be used at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular for those with gastrointestinal, cardiovascular, or renovascular risks. The guidelines also state that NSAIDs are recommended as a second line of treatment after acetaminophen. In general there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute pain. The injured worker has chronic pain. There is a lack of evidence in the clinical documentation that the injured worker had tried and failed acetaminophen first as a first line therapy. As such, the request is not medically necessary.