

Case Number:	CM14-0147840		
Date Assigned:	09/18/2014	Date of Injury:	02/26/2008
Decision Date:	10/17/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/11/2014

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 Occupational Medicine 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:

The patient is a 59 year-old female with date of injury 02/26/2008. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/07/2014, lists subjective complaints as pain in the low back. Objective findings: Inspection of the lumbar spine was within normal limits. There was no erythema, swelling, deformity, or tenderness. Deep tendon reflexes for the upper and lower extremities were symmetrical. Sensory test was intact. Diagnosis: 1. Disorders sacrum 2. Spinal stenosis, lumbar 3. Acquired spondylolisthesis 4. Cauda equina syndrome, unspecified. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as three months. Medications: 1. Naproxen Tablets 500mg SIG: 1 tablet by mouth twice a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN TABLETS 500MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73.

Decision rationale: According to the medical record, the previous utilization review physician spoke to the requesting physician. The requesting physician stated that the Naprosyn was causing gastric upset, even with omeprazole, and that the Naprosyn was discontinued in order to try Celebrex. The Celebrex was authorized. The MTUS recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The patient was given a prescription for Celebrex, an NSAID, and Naprosyn was discontinued. Naproxen is not medically necessary.