

Case Number:	CM14-0182101		
Date Assigned:	11/06/2014	Date of Injury:	04/25/2011
Decision Date:	12/12/2014	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/03/2014

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, has a subspecialty in Interventional Spine 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 35-year-old male with a date of injury of 04/25/2011. The listed diagnoses per [REDACTED] are: 1. Neural encroachment, bilateral, L5-S1 with radiculopathy. 2. Lumbar spondylosis. According to progress report 08/07/2014, the patient presents with low back pain with right greater than left lower extremity symptoms. The patient's medication regimen includes hydrocodone, tramadol ER, and cyclobenzaprine. The physician states the Cyclobenzaprine decreases spasm for approximately 4 to 6 hours facilitating marked improvement in range of motion, tolerance to exercise and additional decrease in overall pain level, 2 to 3 points. Examination of the lumbar spine revealed tenderness in the lumbar region with decreased range of motion. There is positive straight leg raise bilaterally. This is a request for Naproxen 550mg. Utilization review denied the request on 10/23/2014. Treatment reports from 04/24/2014 through 08/07/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium DS 550 mg tablets: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory Medications Page(s): 60, 61, 22.

Decision rationale: This patient presents with low back pain, right greater than left lower extremity symptoms. The physician is requesting refill of Naproxen sodium DS 550 mg tablets. Utilization review denied the request stating, "There was no clear detail provided as to what specific overall functional benefit has been achieved with a particular anti-inflammatory as compared to using an over-the-counter form." For anti-inflammatory medications, the MTUS Guidelines page 22 states, "Anti-inflammatories are the traditional first-line of treatment to reduce the pain, so activity and functional restoration can resume, but long term use may not be warranted." MTUS also supports oral NSAID for chronic low back pain. Review of the medical file indicates the patient has been prescribed Naproxen since at least 04/24/2014. The physician continually notes in his progress reports that patient's current medications facilitates maintenance of ADLs including light household duties, shopping for groceries, grooming and cooking. Report 07/07/2014 notes that NSAID does facilitate improved range of motion and additional "2-point average on a scale of 10 diminution in pain." In this case, given the patient's continued low back pain and the physician's documentation of this medication's efficacy, the request is considered medically necessary.