

Case Number:	CM14-0185413		
Date Assigned:	11/13/2014	Date of Injury:	07/13/1998
Decision Date:	12/19/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/06/2014

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 Internal 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 an injured worker with a history of hypertension and lumbar spine surgery. Date of injury was 07-13-1998. The spinal consultation report dated June 5, 2014 documented that he slipped and fell on a metal plate on July 13, 1998, which resulted in a back injury. He had physical therapy and one Epidural Injection and then underwent a lumbar fusion surgery in 2011. The patient's subjective complaints were burning aching pain in his back with pins and needles radiating down both legs and ache down his right leg. His right leg is worse than his left leg. Medical history included chronic diabetes mellitus and hypertension. Medications included Lansoprazole, Naproxen, Norco 5/300, Amlodipine, Terazosin, Losartan, and Metformin. He lives with his [REDACTED]. He denies any tobacco or alcohol use. Physical examination was documented. Blood Pressure was 118/74. Gait was mildly antalgic on the right. The patient was able to heel-to-toe walk. Normal lordosis in lumbar spine and normal kyphosis thoracic spine was noted. There was tenderness in the lumbar paraspinals. No pain at the sacroiliac joints or greater trochanters was noted. Lumbar range of motion demonstrated flexion 40/60. Normal tone with some paraspinal spasms was noted. No atrophy of the quadriceps or gastrocnemius-soleus was noted. Full range of motion at hips, knees and ankles was noted. Reflexes were symmetric at the knees and the ankles. No clonus in bilateral lower extremities was noted. The patient was able to walk on heels and toes bilaterally. Normal tone without spasticity or cogwheel rigidity was noted. Straight leg raise was negative. On physical examination, he has a normal motor examination. He had numbness in the L5 distribution. The treatment plan included a request for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 250mg #60: 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): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records indicate the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. Medical records document that the patient has a diagnosis of Hypertension. Per MTUS, NSAIDs are associated with the risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. MTUS guidelines warn against the use of NSAIDs with patients with hypertension. The medical records and MTUS guidelines do not support the use of the NSAID Naproxen. Therefore, the request for Naproxen 250mg #60 is not medically necessary.