

Case Number:	CM14-0214559		
Date Assigned:	01/07/2015	Date of Injury:	04/19/2012
Decision Date:	02/28/2015	UR Denial Date:	12/13/2014
Priority:	Standard	Application Received:	12/22/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 33-year-old driver/laborer reported an injury to his low back after lifting a 60-pound tree trunk on 4/19/12. His past medical history is notable for extreme obesity (body mass index approximately 45) and for hypertension. Treatment has included medications, physical therapy, chiropractic manipulation, acupuncture, and pool therapy. On 5/8/14 he underwent an L4-5 discectomy and laminectomy. He has not done well since the surgery. His pain did not improve and has slowly increased. He never returned to work after his injury and remains at total disability. Review of the multiple progress reports from his primary treater from 2012 to the present reveals that he has been taking Naproxen since at least 10/12/13. The most recent note available, 12/4/14, documents that the patient is having unbearable back pain and episodic leg weakness. A minimal physical exam is recorded, which does not include vital signs. It does note that the patient is alert and oriented, that his skin is clean and dry, and that he has tenderness, spasm and decreased range of motion of his back. Diagnoses include lumbar strain/sprain, lumbar or thoracic neuritis or radiculitis, and cervical sprain/strain. The treatment plan includes dispensing gabapentin, naproxen and Flexeril, prescribing Norco and clonazepam, and continuing TENS and home exercise. He is to follow up with his orthopedic surgeon, who has recommended that he receive epidural steroid injections. Naproxen 550 mg #60 was retroactively non-certified in UR on 12/13/14. MTUS Chronic Pain, NSAIDs was cited as the basis for the non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #60: Upheld

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; NSAIDs (non-steroidal anti-inflammatory drugs); NSAIDs, Hypertensi.

Decision rationale: Naproxen Sodium is a non-steroidal anti-inflammatory drug (NSAID). Per the first reference cited above, medications should be trialed one at a time while other treatments are held constant, with careful assessment of function, and there should be functional improvement with each medication in order to continue it. The NSAID references state that NSAIDs are recommended at the lowest dose for the shortest period possible for patients with moderate to severe pain due to osteoarthritis. There is no evidence to recommend one drug over another in terms of efficacy or pain relief. Cardiovascular risk occurs with all NSAIDs, and there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended as an option for short-term symptomatic relief of chronic low back pain. There is inconsistent evidence to support their use for neuropathic pain. All NSAIDs have the potential to raise blood pressure in susceptible patients. The greatest risk appears to occur in patients taking ACE inhibitors, ARBs, beta-blockers or diuretics. Clinicians should weight the indications for NSAIDs against both GI and cardiovascular risk factors. The medical findings in this case do not support the use of naproxen sodium 550 mg. This patient has been taking naproxen for years. It is not clear whether it is being used for low back pain, or for radicular pain, but there is no good evidence supporting long-term use of naproxen for either of these conditions. There is no documentation of an appropriate evaluation for GI or cardiovascular risk factors. There is no documentation of any improvement in function while he has been taking it, and he remains totally disabled. There is no documentation of any flare of the patient's chronic back pain which would require NSAID use. There is no documentation of the patient's cardiovascular or GI risk factors. He has hypertension and is extremely obese, and may be at risk for cardiovascular events. It is not clear if his blood pressure has increased while on naproxen, since his primary treater does not track his blood pressures. According to the evidence-based citations above and to the clinical documentation provided for my review, naproxen sodium 550 #60 is not medically indicated for this patient. It is not medically necessary because it is not likely to be helpful for treatment of long-term low back pain or of neuropathic pain; because the patient's level of function has not improved while taking it, because there is no documentation of an assessment for GI or cardiovascular risk factors, and because it appears possible to likely that it is placing this patient at increased risk for high blood pressure and/or a cardiac event.