

Case Number:	CM15-0115999		
Date Assigned:	06/24/2015	Date of Injury:	08/20/2012
Decision Date:	07/29/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/16/2015

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: Texas, 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:

The injured worker is a 52 year old male, who sustained an industrial injury on 8/20/2012. He reported low back pain. The injured worker was diagnosed as having low back pain, lumbar disc disease with radiculitis, cervical disc disease with radiculitis, and cervicgia. Treatment to date has included medications, cervical epidurals, lumbar epidurals, and physical therapy. He is retired. The request is for Naproxen. On 2/3/2015, he complained of continued low back pain. He reported feeling numbness and coolness around the arch of the foot. The physical findings revealed trigger points along the lumbar and thoracic areas. The treatment plan included: refilling Gabapentin, Tramadol, and Ketoprofen. On 5/8/2015, he complained of continued low back and neck pain. His current medications are listed as: Abilify, Adderall, Ambien, Dayaxiron, Axiron, Cymbalta, Gabapentin, Hydrocortisone, Ketoprofen, Minipress, Valium, and Butrans. No formal physical examination was done on this date. The treatment plan included: occipital nerve block. The records indicate he had been utilizing Ketoprofen prior to February 2015. The patient has had MRI of the lumbar spine that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes and X-ray of the lumbar spine on 12/28/12 that revealed degenerative changes and disc space narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22 Page(s): 60, 67-68.

Decision rationale: Request: Naproxen. Naproxen belongs to a group of drugs called non-steroidal anti-inflammatory drugs (NSAIDs). According to CA MTUS, Chronic pain medical treatment guidelines, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000)." Patient is having chronic pain and is taking Naproxen for this injury. The injured worker was diagnosed as having low back pain, lumbar disc disease with radiculitis, cervical disc disease with radiculitis, and cervicgia. On 2/3/2015, he complained of continued low back pain. He reported feeling numbness and coolness around the arch of the foot. The physical findings revealed trigger points along the lumbar and thoracic areas. On 5/8/2015, he complained of continued low back and neck pain. The patient has had MRI of the lumbar spine that revealed disc protrusion and foraminal narrowing, facet hypertrophy and degenerative changes and X-ray of the lumbar spine on 12/28/12 that revealed degenerative changes and disc space narrowing. NSAIDS like naproxen are first line treatments to reduce pain. Naproxen use is deemed medically appropriate and necessary in this patient.