

Case Number:	CM15-0116188		
Date Assigned:	06/24/2015	Date of Injury:	08/06/2013
Decision Date:	07/27/2015	UR Denial Date:	05/29/2015
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: 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 41 year old female, who sustained an industrial injury on August 6, 2013. Treatment to date has included epidural steroid injection, TENS unit, lumbar support orthotic, NSAIDS, physical therapy, home exercise program, heat/cold therapy, pain medications and activity modifications. Currently, the injured worker complains of low back pain with bilateral lower extremities symptoms. She rates her pain an 8 on a 10-point scale. The injured worker reports that her medication facilitates maintenance of activities of daily living such as light household duties, shopping, grooming, cooking and exercise regimen. Her naproxen facilitates an improved range of motion and decreased pain an additional 3-point average on a 10-point scale. On physical examination, the injured worker has tenderness to palpation over the lumbar spine with a decreased range of motion. She has diminished sensation over the L1-L2 dermatomal distributions. The diagnoses associated with the request include neural encroachment L1-2 with radiculopathy. The treatment plan includes activity modifications, continuation of lumbar support, TENS unit, MRI of the lumbar spine, Tramadol, pantoprazole, cyclobenzaprine and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications , Naproxen Page(s): 21-22. 72.

Decision rationale: According to the MTUS 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. In this case, the medical records indicate that the injured worker has been prescribed non-steroidal anti-inflammatory medications for an extended period of time, and while the injured worker is reporting improved range of motion and decreased pain, the request for Naproxen 550mg to be used three per day is not supported. Per the MTUS guidelines, with regards to naproxen, for pain the maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. The medical records note that Utilization Review has allowed for modification of this request to allow for two per day dosing. Anti-inflammatories should be used at the lowest dosage especially with an injured worker who is reporting gastrointestinal upset with the use of anti-inflammatory medications. The request for Naproxen 550mg #90 is therefore not medically necessary and appropriate.