

Case Number:	CM15-0125351		
Date Assigned:	07/09/2015	Date of Injury:	08/20/2012
Decision Date:	08/05/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	06/29/2015

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: North Carolina
 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 was a 52-year-old male, who sustained an industrial injury, August 20, 2012. The initial injury was sustained in a fight with a suspect. The injured worker previously received the following treatments cervical spine MRI showed disc disease at C4-C5, C5-C6 and C6-C7 with herniation at C6-C7 on July 13, 2013, cervical epidural injection, transforaminal epidural steroid injection, Piriformis injection, Butrans, Gabapentin, Naproxen, Tramadol, Adderall, Etodolac, Xanax, Cymbalta, Hydrocortisone and lumbar spine MRI. The injured worker was diagnosed with cervical sprain/strain, lumbar disc radiculitis, lumbar sprain, cognitive disorder, cervical radiculitis, cervicgia, posttraumatic stress disorder, depressive disorder and low back pain. According to progress note of June 17, 2015, the injured worker's chief complaint was back pain. The injured worker stated the Naproxen had been helpful for reducing the back pain. The mediation had been giving good analgesic effect without side effects. The physical exam noted full extension and flexion of the lumbar spine. The lateral and lateral bending were associated with concordant pain in these plans. There was tenderness with palpation over the left S1 joint and pain with loading and twisting lateral movement. The motor strength to the lower extremities was 5 out of 5. There was normal sensation to light touch, pinprick and temperature along all dermatomes in the bilateral lower extremities. The straight leg raises were negative bilaterally. The Patrick and Gauslen test were positive for S1 arthropathy on the left. The treatment plan included a prescription renewal for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: 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 NSAID Page(s): 68-72.

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) (Laine, 2008) Back Pain: Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. (Roelofs-Cochrane, 2008) See also Anti-inflammatory medications. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication cannot be verified, as strength and frequency of administration are not included. Therefore, the request cannot be medically necessary.