

Case Number:	CM15-0126205		
Date Assigned:	07/10/2015	Date of Injury:	11/22/2004
Decision Date:	09/11/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/30/2015

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: New York

Certification(s)/Specialty: Anesthesiology

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 49-year-old male, who sustained an industrial injury on 11/22/2004. The injured worker is currently works full-time, permanent, and stationary. The injured worker is currently diagnosed as having lumbar degenerative disc disease, lumbosacral or thoracic neuritis or radiculitis, sacroiliac strain, chronic pain, and gastritis. Treatment and diagnostics to date has included home exercise program, Transcutaneous Electrical Nerve Stimulation Unit, and medications. In a progress note dated 05/23/2015, the injured worker presented with complaints of low back pain that comes and goes with numbness and improved bilateral elbow pain. The injured worker's pain level was noted as a 3 and that medications help with pain over 50%, keep his pain under control and maintain activities of daily living, and no side effects of medications. Although, the treating physician does note that the injured worker cannot tolerate the non- steroidal anti-inflammatory drug (NSAID) Naproxen due to stomach upset. Objective findings include positive tenderness to palpation in L5-S1 paraspinal muscles. The treating physician reported requesting authorization for 2 prescriptions of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for 2 prescriptions of Naproxen 550mg #60 (DOS 5/23/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67-69.

Decision rationale: According to California MTUS Chronic Pain Medical Treatment Guidelines, "Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis" and is "recommended at the lowest dose for the shortest period in patients with moderate to severe pain". After review of the received medical records, there is no indication that Naproxen is providing any specific analgesic benefits, such as percent pain reduction or reduction in pain level, or any objective functional improvement. In addition, the guidelines support NSAIDs as an option for short-term symptomatic relief and the injured worker has been on this particular medication since at least 02/16/2015. Therefore, based on the guidelines and the submitted records, the request for Naproxen is not medically necessary.