

Case Number:	CM15-0129378		
Date Assigned:	07/15/2015	Date of Injury:	08/06/2013
Decision Date:	08/13/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/03/2015

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, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 41-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 6, 2013. In a Utilization Review report dated June 20, 2015, the claims administrator failed to approve a request for Naprosyn. The claims administrator referenced a May 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 3, 2015, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 7/10. The attending provider posited that the applicant's ability to perform household chores and food preparation had been ameliorated because of ongoing medications consumption. The applicant was asked to continue TENS unit, lumbar support, Naprosyn, Protonix, and Flexeril. Drug testing and permanent work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen SOD tab 550mg tid #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

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

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, while the attending provider did recount some reported reduction in pain scores effected as a result of ongoing Naprosyn usage, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's decision to continue renewing work restrictions, unchanged, from visit to visit, and the fact that ongoing usage of Naprosyn failed to curtail the applicant's dependence on other forms of medical treatment to include a lumbar support, TENS unit, epidural steroid injection therapy, other medications, etc. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.