MAXIMUS Federal Services

Case Number:	CM15-0171444		
Date Assigned:	09/11/2015	Date of Injury:	02/27/2006
Decision Date:	10/09/2015	UR Denial Date:	07/31/2015
Priority:	Standard	Application Received:	08/31/2015

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:

This 47 year old male sustained an industrial injury on 2-27-06. Documentation indicated that the injured worker was undergoing treatment for low back pain. Previous treatment included physical therapy, epidural steroid injections, spinal cord stimulator trial and medications. Magnetic resonance imaging lumbar spine (4-9-14) showed multilevel disc herniations with contact of the transiting and exiting bilateral nerve roots at L3-S1. In a PR-2 dated 7-14-15, the injured worker complained of ongoing low back pain with radiation down both lower extremities, rated 7 out of 10 on medications and 9 out of 10 with medications. A procedure for intrathecal pump placement had been cancelled due to hypertension in November 2014 and elevated INR in January 2015. The injured worker's appendix ruptured in 2015 with subsequent sepsis. The injured worker remained on antibiotics at the time of exam. Physical exam was remarkable for lumbar spine with tenderness to palpation bilaterally with increased muscle rigidity, "numerous" trigger points throughout the lumbar paraspinal musculature, decreased range of motion with obvious muscle guarding, flexion at 45 degrees, extension 15 degrees and bilateral lateral bend at 20 degrees. The injured worker's blood pressure was 170 over 100 mmHG. The physician stated that the injured worker had been stable on his current medical regimen which provided 20% to 30% pain relief, allowing him to function throughout the day. Current diagnoses included lumbar spine herniated nucleus pulposus with central and foraminal stenosis, left lower extremity radiculopathy, depression, anxiety, coronary artery disease status post coronary stents, on Coumadin, uncontrolled severe hypertension, three level positive provocative discography and medication induced gastritis. The injured worker received trigger

point injections during the office visit. The treatment plan included refilling medications (Prilosec, Prozac, Anaprox DS, Oxycontin, Roxicodone, Norco, Soma and Lidoderm), increasing Neurontin. On 7-31-15, Utilization Review noncertified a request for Anaprox 550 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

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 is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. Therefore the request is medically necessary.