

Case Number:	CM15-0179195		
Date Assigned:	09/30/2015	Date of Injury:	01/10/2012
Decision Date:	11/13/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/11/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 10, 2012. In a Utilization Review report dated August 27, 2015, the claims administrator partially approved a request for naproxen. An August 14, 2015 progress note and an associated RFA form of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 19, 2015, the treating provider sought authorization for percutaneous electrical nerve stimulation (PENS) therapy. On June 12, 2015, Norco, naproxen, Flexeril, and Prilosec were endorsed to ameliorate ongoing complaints of low back pain. The note was difficult to follow and not altogether legible. The attending provider stated that the applicant's medications were beneficial in terms of attenuating pain complaints but did not elaborate further. On March 12, 2015, Norco, naproxen, and Flexeril were, once again, endorsed a handwritten progress note of that date. 9/10 pain without medications versus 5-6/10 with medications was reported. The note, once again, was very difficult to follow. A repeat epidural steroid injection therapy was sought. The applicant's work status was not detailed. On a prescription form dated August 14, 2015, Flexeril, Prilosec, naproxen, and Norco were seemingly endorsed. On an associated handwritten progress note dated August 14, 2015, the applicant reported ongoing complaints of low back pain with associated bilateral lower extremity radicular pain complaints. The medications in question were renewed. The note was, once again, was extremely difficult to follow. No seeming discussion of medication efficacy transpired. The applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Tab 500mg #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for naproxen, 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 medications such as naproxen do represent the traditional first-line treatment for various chronic pain complaints, 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 and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant's work status was not reported on multiple office visits, referenced above, including on the August 14, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Norco and failed to curtail the applicant's dependence on other forms of medical treatment to include epidural steroid injection therapy. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.