MAXIMUS Federal Services

Case Number:	CM15-0062527		
Date Assigned:	04/08/2015	Date of Injury:	02/23/2006
Decision Date:	05/22/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/02/2015

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: Iowa, Illinois, Hawaii
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 37-year-old male, with a reported date of injury of 02/23/2006. The diagnoses include lumbar intervertebral disc displacement, degeneration of the lumbar intervertebral disc, low back pain, left S1 radiculopathy, and post-laminectomy syndrome of the lumbar spine. Treatments to date have included electrodiagnostic studies, an MRI of the low back, with no significant changes; acupuncture sessions, with little benefits; Naproxen; Ibuprofen; decompressive lumbar laminectomy; hemilaminectomy at L5-S1; exploration of the lumbar spine; and decompression of the nerve root with partial facetectomy, foraminotomy, and discectomy at L5-S1 on the left side. The medical report dated 02/10/2015 indicates that the injured worker complained of low back pain. He stated that both of his legs went numb and the pain was radiating to the mid-thoracic area with muscle spasm. The injured worker as working full-time and was finding it hard. The physical examination showed a non-antalgic gait, restricted lumbar range of motion in all planes with increased pain, and muscle guarding. The treating physician requested Naproxen 500mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Refill Naproxen 500mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "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". MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis". The patient was injured in 2006 and is well beyond the initial treatment phase. The treating physician does not document any functional improvement or a decrease in pain while taking the medication. The treating physician has not specified why the patient should be on NSAIDs in excess of guidelines. As such, the request for Refill Naproxen 500mg #90 is not medically necessary.