

Case Number:	CM15-0065098		
Date Assigned:	04/13/2015	Date of Injury:	03/04/2014
Decision Date:	05/13/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/06/2015

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 reportedly associated with an industrial injury of March 4, 2015. In a Utilization Review report dated March 10, 2015, the claims administrator failed to approve a request for oral naproxen tablets. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported ongoing complaints of neck, mid back, low back, foot, ankle, and groin pain, exacerbated by twisting, turning, and bending. Ultracet, Protonix, naproxen, and Flexeril were endorsed, without any explicit discussion of medication efficacy. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. On November 12, 2014, the applicant again reported multifocal pain complaints, including neck pain, low back pain, and ankle pain with derivative complaints of headaches, insomnia, and anxiety. The applicant was placed off work, on total temporary disability. Once again, no discussion of medication efficacy transpired on this date. In a handwritten note dated December 16, 2014, the applicant was placed off work, on total temporary disability. Ultracet, Protonix, Flexeril, and naproxen were renewed, again without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

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 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 medication efficacy into his choice of recommendations. Here, however, the applicant was off work, on total temporary disability, as of the date naproxen was renewed. The applicant continued to report difficulty performing activities of daily living as basic as lifting, bending, twisting, it was reported above. Ongoing usage of naproxen had failed to curtail the applicant's dependence on opioid agents such as Ultracet. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing naproxen usage in any of the progress notes in question. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of naproxen. Therefore, the request was not medically necessary.