

Case Number:	CM15-0074580		
Date Assigned:	04/24/2015	Date of Injury:	12/31/2014
Decision Date:	05/27/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/20/2015

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: Ohio, North Carolina, Virginia
 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:

The injured worker is a 39 year old male, who sustained an industrial injury on 12/31/2014. He reported a misstep while climbing down the ladder while exiting a forklift with injury to the low back. Diagnoses include lumbago, lumbar spine myospasm, lumbar sprain/strain, bilateral knee sprains, musculoligamentous injuries of the shoulders, and rule out lumbar spine radiculitis verses radiculopathy. Treatments to date include mediation therapy, activity modification and physical therapy. Currently, he complained of frequent cervical pain rated 5/10 VAS with radiation to upper extremities and constant lumber pain rated 6/10 VAS. On 3/10/15, the physical examination documented an antalgic gait with single point cane and decreased lumbar and cervical range of motion. There is tenderness of both shoulders and knees and the cervical and lumbar spines. The plan of care included continuation of the home exercise program and medication therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen 650mg, #90, provided on date of service: 03/10/15:
 Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); NONSELECTIVE NSAIDS Page(s): 67, 69, 72-73.

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

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 m g. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 m g or 500 m g twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 m g and 1000 m g on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. In this instance, the injured worker had been prescribed Naproxen 500 mg twice a day and 550 mg twice a day up until 3-10-2015. On that day, a request for authorization for Naproxen 650 mg #90 was submitted. The frequency of dosing was not given in the medical record but it is presumed the quantity of #90 is for one month and hence this would imply three times a day dosing. This would provide 1950 mg of Naproxen daily, a dose which exceeds recommended maximum daily amounts. Therefore, Naproxen 650 mg #90 is not medically necessary and appropriate.