

Case Number:	CM15-0097896		
Date Assigned:	05/29/2015	Date of Injury:	05/22/2001
Decision Date:	07/01/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/20/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 47 year old male who sustained an industrial injury on 05/22/2001. Mechanism of injury occurred when he was while transferring a patient from a wheelchair to a bed. He injured his low back and left leg. Diagnoses include status post MLD of the L4-5 disc, left lumbar radiculopathy, and facet arthropathy of the lumbar spine. Treatment to date has included diagnostic studies, medications, status post L4-5 microdiscectomy on 08/26/2010, rhizotomy to the left L3-4 and L4-5 facets on 07/11/2014, activity modification, physical therapy, acupuncture, and chiropractic sessions. Medications include Norco, Gabapentin, Naproxen, Omeprazole, and Zanaflex as needed once a day. A physician progress note dated 04/20/2015 documents the injured worker has complaints of low back and left lower extremity symptoms. He has stopped the Nucynta which was started on his last visit, because it was ineffective for pain and left a bad taste in his mouth. He rates his low back pain as a 6-7 out of 10 and it is an aching and stabbing pain. He reports burning pain in the bilateral glutes with radiation into the left thigh. He states his medications help reduce his pain about 50% and allow him to increase his walking distance at least 10 minutes. He rates his pain as 8 out of 10 without medications, and with medications he is able to perform his daily activities including activities of daily living and work at restoring cars. He has a normal gait. There is tenderness of the left paraspinals and lumbar midline. Lumbar spine range of motion is limited by pain. Lower extremity sensation is intact and equal bilaterally. Straight Leg Raise is positive on the left to the left lateral thigh. There is documentation present in this physician note that a Magnetic Resonance Imaging of the lumbar spine dated 03/01/2013 shows facet arthropathy L3-L4 with

L4-5 postoperative level versus left spondylosis and with moderate to severe left and mild to moderate right neural foraminal narrowing. The treatment plan includes continuing with home exercise program, and acupuncture. He is to continue with his present medication regime, adding Lunesta to help with sleep and discontinuing the Nucynta due to lack of clear benefit. He will follow up in 1 month and a urine drug screen to verify medication compliance. Treatment requested is for Naproxen 550mg #60.

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 Anti-inflammatory medications, NSAIDs (nonsteroidal anti-inflammatory drugs), Specific drug list & adverse effects Page(s): 22, 67, 70.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Avapro, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 mg. 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 mg or 500 mg 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 mg and 1000 mg 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. Extended-release Naprelan: Not recommended due to delay in absorption. (Naprelan Package Insert). There is no documentation of the rationale behind the long-term use of Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient's file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Naproxen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Naproxen 550 mg #60 is not medically necessary.