

Case Number:	CM14-0108883		
Date Assigned:	08/01/2014	Date of Injury:	06/23/2012
Decision Date:	11/19/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/14/2014

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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 55-year-old woman with a date of injury of June 23, 2012. The mechanism of injury was not documented in the medical record. Pursuant to the progress note dated June 3, 2014, the IW complained of low back pain radiating into the left buttock and into the left thigh, and at times to the ankle. The pain was described as achy, shooting, and radiating. The pain was rated 2 to 5/10. Modifying factor were medications and ice. There were muscle spasms, numbness and tingling with limited movement. The range of motion in all planes was limited with pain. The IW continued to have sacroiliac joint tenderness. The numbness in the left anterior thigh remained. The IW was diagnosed with chronic pain syndrome unstable, degenerative lumbar disc chronic unstable, and lumbar sprain/strain chronic unstable. There were no diagnostic imagings in the medical record prior to this request. Progress noted dated March 12, 2014 indicated that the IW was taking Neurontin 300mg, Tramadol 50mg, and Naprosyn 500mg and continued to have complaints of low back pain radiating to the left buttocks rated 4-5/10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Non-Steroidal Anti-Inflammatory Drugs

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 500 mg #45 is not medically necessary. The guidelines state non-steroidal anti-inflammatory drugs (Naprosyn) are recommended for short term symptomatic relief for acute mild to moderate pain. It is generally recommended the lowest effective dose be used for all non-steroidal anti-inflammatory drugs for the shortest duration of time consistent with treatment goals. In this case, the injured worker complains of low back pain that radiates to the left buttock and left thigh and at times to the ankle. Range of motion is limited due to pain. The injured worker was diagnosed with chronic pain syndrome, unstable; degenerative lumbar disc, chronic unstable and lumbar sprain and strain, chronic unstable. The injured worker has been on long-term non-steroidal anti-inflammatory drug without any documentation of significant benefit or functional improvement derived through use of that drug. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Naprosyn is not medically necessary.