

Case Number:	CM13-0006936		
Date Assigned:	12/11/2013	Date of Injury:	06/26/2012
Decision Date:	02/25/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Washington DC and Virginia. 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 physician 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 patient is a 64 year old man. The patient was seen by [REDACTED] on November 6, 2012 for persistent back pain. He was prescribed physical therapy 3 x six weeks, a Medrol dose pak, Nucynta, omeprazole, Zofran, and Anaprox 550mg bid. [REDACTED] saw the patient on Oct 4 2014. Patient said that Naprosyn was 'rough' on the stomach. He was prescribed chiropractic therapy with [REDACTED], physical therapy, mobiq, anaprox 550mg bid, omeprazole, and Zofran. On Aug 28 2012, [REDACTED] saw the patient and noted the patient was to be weaned to a formal therapy program and to continue the following medications anaprox 550mg bid, omeprazole, Zofran. On Aug 24 2012, per notation by [REDACTED], the patient had lower back pain after a fall at work and then had right leg radiation of symptoms of pain. He did not see a need for surgical intervention but thought the patient could benefit from an epidural injection if there was no improvement in symptoms. Patient had an MRI of the lumbar spine on July 3 2012 and this showed disc bulges at different levels but no focal canal stenosis. On July 24 2012, [REDACTED] saw the patient and noted the patient was to be scheduled for epidural injections in the lumbar spine. He was to continue therapy and the following medication: anaprox 550mg bid, omeprazole, Zofran. On Nov 6 2012, [REDACTED] saw the patient and continued the following medications anaprox 550mg bid, omeprazole, Zofran

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #90 dispensed on 7/9/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-73.

Decision rationale: The patient had ongoing lumbar pain in the back, along with radicular findings. He was given Anaprox, an NSAID used to treat osteoarthritis. Per MTUS guidelines, maximum therapy is not to exceed 6 months and 1375mg in one day. The patient was prescribed within these means and this is medically indicated.