MAXIMUS Federal Services

Case Number:	CM13-0024254		
Date Assigned:	11/20/2013	Date of Injury:	03/24/2011
Decision Date:	01/14/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/13/2013

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 PM&R, has a subspecialty in Interventional Spine 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 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:

This is a 55 YO, male [redacted] who sustained a work injury on 3/24/11. The accepted body areas are the lower back, left knee, left ankle/foot and right wrist. On 8/22/13, [redacted] provided a retrospective modification of Anaprox 55mg bid, #90, to allow #60, based on the 7/26/13 RFA.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Anaprox 550mg tablets QTY 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22.

Decision rationale: The UR letter stated the MTUS guidelines show NSAIDs superior to acetaminophen in patients with moderate to severe pain, then states a partial certification to allow #60 Final Determination Letter for IMR Case Number [redacted] tablets instead of #90 tablets is supported. But does not provide a rationale for the modification. MTUS states: "A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective

nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP" The use of Anaprox 550mg, bid appears to be in accordance with MTUS guidelines.

Pain management consultation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections Page(s): 46.

Decision rationale: The physician states the purpose of the pain management consult was for a lumbar ESI. The exam findings however do not give any indication of lumbar radiculopathy which is crucial requirement for an ESI. The patient is reported to have antalgic gait and lumbar tenderness. There was no neurological deficits in a dermatomal distribution. And no subjective radiating symptoms. The MRI report of 6/7/13 gave the history of "non radiating backache." The patient does not meet the MTUS criteria for a lumbar ESI, so a consultation for the ESI does not appear necessary