

Case Number:	CM13-0031647		
Date Assigned:	12/04/2013	Date of Injury:	07/08/2009
Decision Date:	01/22/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/03/2013

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 Physical Medicine and Rehabilitation and Pain Management, and 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 56 year-old, female with a 7/8/2009 injury date. She has been diagnosed with lumbosacral strain/sprain; lumbar disc protrusion L3/4 and L4/5; lumbar radiculopathy; dyspepsia, mild; depression; anxiety. She still had 7-8/10 pain when she saw [REDACTED] on 7/2/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66, 73.

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

Decision rationale: California Chronic Pain Medical Treatment Guidelines 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 (Low Blood Pressure) and of antidepressants in chronic LBP." The patient is reported to have 7-8/10 low back pain, and she

has been performing her home exercise program and stretches. She has been looking for employment, but is having difficulty finding something that can accommodate her restrictions. The dosage is reported to be Naproxen 550mg 1 po bid, #120 for 2-months. According to the 3/6/13 report from [REDACTED], the patient was declared Permanent and Stationary on 4/3/2012. California Chronic Pain Medical Treatment Guidelines does not provide a guideline for the frequency of follow-up visits to monitor medications like Naproxen when the patient is stable. The request for Naproxen 550mg #120 appears to be in accordance with California Chronic Pain Medical Treatment Guidelines.