

Case Number:	CM13-0032881		
Date Assigned:	12/18/2013	Date of Injury:	10/21/2005
Decision Date:	07/29/2014	UR Denial Date:	09/10/2013
Priority:	Standard	Application Received:	10/08/2013

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 Occupational Medicine and is licensed to practice in Texas. 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 46 year old male who had a work related injury on 10/21/05. The injured worker was working doing masonry type work, a coworker was handing the injured worker a piece of limestone, weighing between 50 and 80 lbs. It was much heavier than the injured worker thought it was and caused him to have a flexion injury to his back. He had pain in the lower back radiating to the right buttock, hip, thigh and knee. The injured worker initially saw an emergency room doctor, had x-rays taken and pain medications were prescribed; then followed up with a company doctor at [REDACTED] where pain medications were prescribed and started on a home exercise program. These home exercises aggravated his lower back and he eventually stopped doing them. The injured worker has been treated with physical therapy, osteopathic manipulations, pain medication, and non-steroidal anti-inflammatory drugs. Progress note dated 11/15/13; the injured worker describes continued pain in the lumbar spine which was severe at times. There is pain with prolonged sitting so bending and lifting is avoided. Numbness and tingling is indicated in the right lower extremity with radiating pain in the right lower extremity. Subjective complaints of difficulty sleeping and continued headaches. The injured worker describes mild pain in the cervical spine recently. Physical examination of the lumbar spine, flexion shows 24 inches lacking from fingertips to the floor. Extension is 10 degrees. Tenderness is palpable over the paravertebral musculature with spasms present bilaterally. Lower extremities are normal for motor, reflex, and sensory. Straight leg test produces pain in the lumbar spine bilaterally and extending into the gluteal region. Diagnoses cervical spine spondylosis with myelopathy. Lumbosacral spine spondylosis. In review of all medical records submitted for review, there has been no documentation of functional improvement or decrease in pain. Prior utilization review on 09/10/13 was non-certified.

Current request is for retrospective request for date of service 07/24/13 Naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST DOS: 7/24/2013: NAPROXEN SODIUM 550MG, #60:

Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's Page(s): 67-73.

Decision rationale: The clinical records submitted for review as well as current evidence based guidelines do not support the request. The medical records submitted for review, there has been no documentation of functional improvement or decrease in pain. Recommended as an option for short-term symptomatic relief. Therefore the request for retrospective request date of service 07/24/2013, Naproxen Sodium 550mg #60., medical necessity has not been established.