

Case Number:	CM13-0051218		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2008
Decision Date:	04/25/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/04/2013

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 Physical Medicine and Rehabilitation 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 underlying date of injury in this case is 06/27/2008. The primary diagnosis is 847.2, or a lumbar sprain. The followup note of 09/05/2013 from the treating pain management/physical medicine and rehabilitation physician reports multiple diagnoses including status post L5-S1 fusion, bilateral lower extremity radiculopathy, worse on the right, reactionary depression, medication-induced gastritis, pancreatitis of unknown etiology, neurogenic bladder, and successful trial of a lumbar spinal cord stimulator. The patient reported ongoing debilitating lower back pain with the treating diagnosis of a lumbar postlaminectomy syndrome. The treating physician reported that the patient's oral medications allow him to be as functional as possible throughout the day, including the opioid, Norco; the anti-inflammatory medication, Anaprox; the topical analgesic, Dendracin; and Prilosec for gastrointestinal discomfort from his medications. The treating physician notes that without these medications the patient becomes very dysfunctional physically and emotionally. An initial physician review in this case discusses that there is no clinical indication for Anaprox mentioned in the treating physician's medical reports, including the most recent report of 12/05/2013. The prior reviewer also stated that long-term use of this medication is not supported by current literature and therefore continued use of Anaprox was not indicated.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS 550MG #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines, section on anti-inflammatory medications, page 22, discuss anti-inflammatory medications, noting that anti-inflammatories are the traditional first line of treatment to reduce pain so functional activity and restoration can resume, but long-term use may not be warranted. This guideline does not give a restrictive set of diagnoses but rather indicates that this is a traditional first-line treatment for chronic pain. In this case, the medical records outline multiple musculoskeletal diagnoses for which the guidelines would support the use of a long-term anti-inflammatory medication, including a lumbar postlaminectomy syndrome and ongoing lumbar radiculopathy or radiculitis. The initial physician review states that long-term use of this medication is not recommended by the guidelines; the guidelines state that long-term use may not be warranted, but these guidelines do allow for physician judgment in determining the risk versus benefit of such medication long term. The treating physician's note in this case is extremely detailed and discusses at great length risks versus benefits versus side effects of multiple medications, including anti-inflammatory medications. The treating physician does very clearly document his risk versus benefit rationale for continuing the use of Anaprox in this case. This documentation is consistent with the treatment guidelines. This request is medically necessary.