MAXIMUS Federal Services

Case Number:	CM13-0058058		
Date Assigned:	12/30/2013	Date of Injury:	12/24/2003
Decision Date:	04/04/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/26/2013

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 Medicine and is licensed to practice in Texas and Ohio. 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 60-year-old who reported an injury on 12/24/2003. The mechanism of injury was not provided. The patient's diagnosis was noted to be facet osteoarthropathy at L4-5 and L5-S1. The patient was noted to be taking Naproxen on a visit of 04/26/2012, and Cyclobenzaprine and Pantoprazole on 03/25/2013. The recent clinical documentation submitted for review dated 08/26/2013 revealed that the patient's current medication resulted in greater function and activity. The patient indicated that the NSAID assisted to decrease the patient's pain 3 points on a scale of 10. The patient was able to have an increase in their activities of daily living including bathing, grooming, grocery shopping, and basic household duties such as preparation of food and managing trash without assistance. In regard to the Cyclobenzaprine, the patient had a decrease in spasms, which resulted in a diminution in pain of 3 points on a scale of 10. It facilitated greater tolerance to every day activity, recommended exercise and improved range of motion. The patient's examination revealed tenderness to the lumbar spine and point tenderness over the bilateral L4 and L5 facets. The patient indicated that prior to the medication, the spasms remained refractory to cold, heat, and stretching, and physical therapy, home exercises, TENS, and activity modification and the patient denied side effects of the medications. In regard to the Pantoprazole, the patient indicated that with the PPI at daily dosing, the patient had GI upset but with the 3 times a day, the patient did not have GI upset. The request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Section Page(s): 67.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for short-term symptomatic relief and there should be documentation of objective functional improvement and an objective decrease in the VAS score. The clinical documentation indicated the patient had been on Naproxen since 2012. There was documentation of objective functional improvement and an objective decrease in the VAS score. However, the request as submitted failed to indicate the quantity of medication being requested. Given the above, the request for Naproxen sodium 550mg is not medically necessary.