

Case Number:	CM13-0065584		
Date Assigned:	01/03/2014	Date of Injury:	10/11/2012
Decision Date:	05/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/13/2013

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 Anesthesiology, Pain Medicine and is licensed to practice in Florida. 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 31-year-old male who reported an injury on 10/11/2012. The mechanism of injury was not provided. The injured worker's medication history included naproxen since 01/2013. The documentation of 10/29/2013 revealed the injured worker had tenderness to palpation of the lumbar paraspinal muscles overlying the bilateral L3 through S1 facet joints. The lumbar range of motion was restricted by pain in all directions. The diagnoses included lumbar facet joint pain at L4 through S1, lumbar facet joint arthropathy, lumbar stenosis, and lumbar sprain/strain. The recommendation was a bilateral L4 through S1 facet joint radiofrequency nerve ablation, naproxen 550 mg 1 tablet by mouth twice a day #60 with 5 refills, followup 2 weeks post injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG 1 TAB BY MOUTH 2X DAY #60 WITH 5 REFILLS: Upheld

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

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

Decision rationale: California MTUS Guidelines recommend NSAIDs for the short-term symptomatic relief of low back pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review indicated the injured worker had been utilizing the medication for more than 8 months. There was lack of documentation of the functional benefit and a decrease in the injured worker's pain level. The request as submitted failed to indicate the necessity for 5 refills without re-evaluation. Given the above, the request for naproxen 550 mg 1 tab by mouth twice a day #60 with 5 refills is not medically necessary.