

Case Number:	CM13-0069249		
Date Assigned:	01/03/2014	Date of Injury:	04/22/2011
Decision Date:	04/22/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 applicant is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 22, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and topical patches. In a Utilization Review Report of November 19, 2013, the claims administrator partially certified Naprosyn 550 mg as Naprosyn 550 mg #60. The claims administrator partially certified Naprosyn to represent a one-month supply of the same. The applicant's attorney subsequently appealed. A January 3, 2014, progress note is notable for comments that the applicant reports severe, 9 to 10/10 pain, with medications and 10/10 pain without medications. The applicant is on Norco, glucosamine, Naprosyn, Lyrica, and a topical compound. The applicant is placed off of work, on total temporary disability. The applicant's case and care have been complicated by comorbid diabetes, it is noted. An earlier note of November 7, 2013 was notable for comments that the applicant was using Naprosyn 550 mg as a refill at that point in time. The applicant was again placed off work, on total temporary disability, apparently concurrently using Norco, glucosamine, Lyrica, and a topical Ketoflex compound. On October 17, 2013, Naprosyn, Norco, glucosamine, Lyrica, and topical Ketoflex were again renewed while the applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications topic Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represents the traditional of first-line of treatment for various chronic pain conditions, in this case, however, the applicant has used Naprosyn for what now appears to be several months. There has been no evidence of lasting benefit or functional improvement achieved despite ongoing usage of the same. The applicant remains off of work, on total temporary disability, and remains highly reliant on various oral pharmaceutical and topical compounds, including Norco, Ketoflex, Lyrica, etc. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing Naprosyn usage. Therefore, the request is not certified, on Independent Medical Review.