

Case Number:	CM14-0009157		
Date Assigned:	02/14/2014	Date of Injury:	07/11/1998
Decision Date:	07/18/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/23/2014

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:

Patient is a 58-year-old female who has submitted a claim for lumbar postlaminectomy syndrome, cervical herniated nucleus pulposus with radiculopathy, and medication-induced gastritis associated with an industrial injury date of July 11, 1990. Medical records from 2013 to 2014 were reviewed. Patient complained of back pain radiating to bilateral lower extremities aggravated by twisting, bending, and turning. Patient likewise complained of neck pain radiating to right upper extremity. Patient experienced gastrointestinal discomfort, diarrhea and abdominal cramping. Physical examination revealed tenderness and restricted range of motion at cervical and lumbar spine. Deep tendon reflexes were decreased at the right lower extremity. Sensation was diminished at posterior lateral calf, right. CT scan of the abdomen on January 15, 2014 revealed no evidence of acute process in the abdomen and pelvis. Treatment to date has included L5-S1 laminectomy/discectomy in 1999, L5 to S1 total disc arthroplasty in 2005, spinal cord stimulator implant, cholecystectomy in 2012, acupuncture, trigger point injection, and medications such as oxycodone, Norco, Valium, Ambien, Prilosec, and cyclobenzaprine. Utilization review from January 15, 2014 denied the request for Anaprox DS 550mg, #120 for cervical and lumbar spine pain because dosage was too high and over-the-counter substitution may be applicable.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS 550 MG, QTY: 120 FOR CERVICAL AND LUMBAR SPINE PAIN:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Guidelines, RxList.com.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, NSAIDS Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient complained of persistent neck and low back pain despite chronic intake of medications, such as opioids and muscle relaxants. However, there was no evidence of recent acute exacerbation that may require NSAID prescription. Moreover, patient likewise complained of gastrointestinal distress and adjuvant treatment with naproxen may worsen her condition. Progress report citing the rationale for this request is likewise not made available for review. Therefore, the request for ANAPROX DS 550 MG for Cervical and Lumbar Spine pain is not medically necessary.