MAXIMUS Federal Services

Case Number:	CM14-0101622		
Date Assigned:	07/30/2014	Date of Injury:	02/10/2012
Decision Date:	09/19/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/01/2014

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 Physical Medicine and Rehabilitation 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 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 48-year-old male who reported an injury on 02/10/2012. The mechanism of injury was not provided. On 05/12/2014, the injured worker presented with lumbar spine pain. Upon examination, the provider noted that there were no changes to the previous visit and no physical examination was provided. The diagnoses were postsurgical state laminectomy and radiculopathy of the left. The clinical note dated 04/17/2014 noted physical exam findings of the lumbar spine with decreased range of motion and a well-healed midline surgical scar. There was tenderness to palpation, an antalgic gait, and decreased strength on the left versus the right. There were 1+ bilateral deep tendon reflexes. There was decreased sensation on the left and no atrophy of the calf musculature. There was no current medication list provided. The provider recommended naproxen 550 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific drug list & adverse effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The request for Naproxen 550mg, #60 is not medically necessary. The California MTUS Guidelines state that all NSAIDs are associated with the risk of cardiovascular events, including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual's treatment goals. There is a lack of evidence in the medical records of a complete and adequate pain assessment, and the efficacy of the prior use of the medication was not provided. There is a lack of information on if naproxen is a new or continued prescribed medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is not medically necessary.