

Case Number:	CM14-0108813		
Date Assigned:	08/01/2014	Date of Injury:	11/22/2013
Decision Date:	09/10/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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 California and Washington. 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 64-year-old male who reported an injury on 11/22/2013, the mechanism of injury was not provided. On 07/17/2014, the injured worker presented with lumbar and left leg pain. Current medications included Anaprox and Aleve. Upon examination of the lumbar spine there was tenderness to palpation over the midline lower lumbar segment and left buttock. There was reduced left Achilles deep tendon reflexes and reduced strength in the left foot plantarflexion. The diagnoses were lumbar disc disease and lumbar radiculitis. The provider recommended Anaprox DX. 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:

Anaprox DX #60 w/ refills x3 qty 240.00: 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): 70.

Decision rationale: The request for Anaprox DX #60 w/ refills x3 qty 240.00 is non-certified. The California MTUS Guidelines recommend the use of NSAIDs for injured workers with

osteoarthritis including knee and hip and injured workers with acute exacerbation of chronic low back pain. The guidelines recommend NSAIDs at the lowest dose for the shortest period in injured workers with moderate to severe pain. Acetaminophen may be considered for initial therapy for injured workers with mild to moderate pain and in particular for those with gastrointestinal, cardiovascular, or renovascular risk factors. In injured workers with acute exacerbation of chronic low back pain, the guidelines recommend NSAIDs as an option for short-term symptomatic relief. The provider's request does not indicate the dose of Anaprox as well as the frequency of the medication in the request as submitted. The injured worker has been prescribed Anaprox since at least 06/2014, the efficacy of the medication was not provided. As such, the request is non-certified.