

Case Number:	CM14-0011639		
Date Assigned:	02/21/2014	Date of Injury:	04/27/2010
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/29/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 61-year-old female who has submitted a claim for Grade 1 anterolisthesis at L4-L5 with instability on flexion-extension, severe disc height collapse and neural foraminal stenosis at L5-S1 with bilateral lower extremity radiculopathy s/p anterior and posterior lumbar fusion at L4-5 and L5-S1 associated with an industrial injury date of 4/27/2010. Medical records from 2013 were reviewed which revealed persistent low back pain rated 9/10 with associated extreme pain to the bilateral legs. She has trouble sleeping. Pain was aggravated with prolonged sitting and lying down. Physical examination showed clean, dry and intact incision. Lower extremities motor strength is 5/5 in all muscle groups. Calves are soft and nontender. Sensory examination in the lower extremities is intact to light touch. Radiographic Examination reported on 12/19/2013 showed excellent position of instrumentation and allograft. No fracture noted. Treatment to date has included, anterior and posterior lumbar fusion at L4-5 and L5-S1. Medications taken include Naproxen and Norco. Utilization review from 1/21/14 certified the request for Naproxen because patient experienced flare-up of low back and bilateral leg pain that began on 12/5/13. Guidelines recommended the use of NSAIDs as a first line treatment for pain therefore it was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 22 AND 46.

Decision rationale: As stated on pages 22 and 46 of CA 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. Long-term use of NSAIDs is not warranted. In this case, patient was given Naproxen 500 mg, twice a day for 6 days because of her flare-up dated 12/19/2013. However, benefit from the said medication was not reported in the medical records submitted. Current status of the patient is unknown. Therefore, the request for Naproxen 500mg #12 is not medically necessary.