

Case Number:	CM14-0017951		
Date Assigned:	04/16/2014	Date of Injury:	09/30/1999
Decision Date:	06/03/2014	UR Denial Date:	02/08/2014
Priority:	Standard	Application Received:	02/12/2014

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:

The patient is a 58 year old female who was injured on 09/30/1999 after being involved in a motor vehicle accident. Prior treatment history has included stellate ganglion blocks, ice, NSAIDs, rest, heat application, which improved her pain. Diagnostic studies reviewed include Bone density test of the AP spine, Left Femoral neck, and Left Total hip dated 01/13/2010 were all normal. MRI of the lumbar spine without contrast dated 07/18/2008 revealed: 1. L2-3: There is a mild disc height loss and disc desiccation with a small 2 mm right-sided disc bulge. There is left greater than right facet arthropathy which results in mild left neural foraminal narrowing. 2. L3-4: There is mild bilateral neural foraminal narrowing secondary to foraminal extension of disc bulge and facet arthropathy. 3. L4-5: Facet arthropathy and foraminal extension of disc bulge result in mild bilateral neural foraminal narrowing MRI of the cervical spine performed on 07/18/2008 shows multilevel degenerative disc disease resulting in moderate central canal narrowing at the C3-C4, C4-5, C6-6, and C6-7 levels. PR2 dated 01/14/2014 states the patient has pain in the right upper extremity and pain in the lower back. The patient is right handed. The pain radiates into the left leg with numbness noted. She reports no sexual dysfunction. The patient is currently stable. The patient has tried ice, heat application, and NSAIDs but the pain has not improved. She reports problems in her neck, mid back, low back, bilateral lower leg, and in the right arm. On exam, the cervical spine shows asymmetry of the neck and shoulders, with tilting of the head and neck to the left. There is right paracervical tenderness. The cervical spine range of motion is restricted. The upper extremity sensation to light touch is diminished, over the C5 dermatome and over the C6 dermatome. The right upper extremity is swollen and there is hyperesthesia and allodynia. Diagnosis is reflex sympathetic dystrophy of upper limb. Treatment and plan is Percocet, Roxicodone, Anaprox, Lunesta, and a right stellate ganglion block.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF ANAPROX 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67, 68.

Decision rationale: According to CA MTUS guidelines; Non-steroidal anti-inflammatory drugs (NSAIDs) have inconsistent evidence for their use to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. Moreover, for low back pain, they are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The medical report dated 01/14/2014 documents that the patient has tried NSAIDS, but the pain has not improved. Therefore, the medical necessity for Anaprox 550 mg #60 is not established.