MAXIMUS Federal Services

Case Number:	CM14-0019872		
Date Assigned:	04/28/2014	Date of Injury:	04/18/2007
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/18/2014

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 Orthopedic Surgery 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 injured worker is a 61 year old male whose date of injury is reported as April 18, 2007. The mechanism of injury is described as planting an 18 foot heavy ladder into the ground and fell into a hole and jerked the low back. The diagnosis is noted as lumbosacral neuritis (724.4). There are ongoing complaints of low back pain. Occasional muscle spasms are noted in the lower lumbar musculature. It is noted that the injured employee has been taking Naproxen for more than a year. Past treatment has included epidural steroid injections, trigger point injections, acupuncture, physical therapy, medications and other modalities. The diagnosis continued to be lumbosacral neuritis. The progress note dated February 18, 2014 noted increased low back pain, numbness in the toes and lower extremities, weakness is also reported. The physical examination noted muscle spasm in the lower lumbar region and tenderness to palpation. Deep tendon reflexes appear to be intact. Additional epidural steroid injections are requested. The progress note dated April 15, 2014 noted the diagnosis as myofascial pain syndrome. Ultrasound imaging to assist in the trigger point injections was completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG #180 WITH 2 REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 21.

Decision rationale: When considering the date of injury, the injury sustained, the multiple interventions, the length of time that the medication in question has been employed and that there is no objectification of any efficacy, utility, reduction in symptomology or positive result of the uses of this preparation, there is no data presented to think that continuation of this nonselective, non-steroidal, anti-inflammatory medication should be continued. The diagnosis is chronic stable myofascial pain syndrome and there is no indication of an inflammatory process. Therefore, when combining the lack of any acute inflammatory process with the lack of any improvement and the long-term use of this medication, there simply is no data presented to support ongoing use. The request is not medically necessary.