

<b>Case Number:</b>	CM14-0120527		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	10/10/2014	<b>UR Denial Date:</b>	07/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Pain Management 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 29 year-old male who sustained work-related injuries on September 5, 2012. A left ankle magnetic resonance imaging scan dated January 19, 2014 was essentially unremarkable except for a small fluid accumulation around the tibialis posterior tendon at the level of the talus compatible with tenosynovitis. The most recent medical records dated June 23, 2014 documented that the injured worker presented complaints of pain in the superior lumbar spine radiating to the bilateral lower extremities (worse on the left than right). He continued to have pain affecting the left foot and ankle with weakness. He rated his lumbar spine pain as 7-10/10 and it was intermittent. He had an interruption in his attendance with physical therapy for the left foot and ankle due to family issues. At this time, he was ready to finish his physical therapy. On examination, marked tenderness was noted over the lumbar paraspinal muscles. His range of motion was limited with flexion, due to severe pain. His bilateral sitting straight leg raising test was positive on the left. He was noted to ambulate with an antalgic pattern. The left foot and ankle examination noted tenderness over the lateral compartment with swelling. Dorsiflexion, plantarflexion, inversion and eversion was limited. His strength was 4/5. He is diagnosed with (a) lumbar strain, rule out disc herniation; (b) left ankle sprain, rule out anterior talofibular ligament tear versus osteochondritis dissecans lesion; and (c) post-traumatic stress.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/ NSAIDs/ Physical Medicine Page(s): 1-127, 7-73, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications; NSAIDS Page(s): 22; 67.

**Decision rationale:** According to evidence-based guidelines, anti-inflammatory medications are considered as the traditional first line of treatment. However, long-term use may not be warranted. In this case, the injured worker is noted to be utilizing Anaprox DS 550 milligrams in the long term. However, records indicate that the injured worker is still suffering from moderate to severe levels of pain and there is no indication of any significant functional improvement secondary to its use. Therefore, the medical necessity of the requested Anaprox DS 550 milligrams #60 is not established.