

Case Number:	CM14-0125379		
Date Assigned:	08/11/2014	Date of Injury:	11/08/2013
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/07/2014

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 Medicine and is licensed to practice in Florida. 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 35-year-old male who reported an injury while using his left foot in an attempt to secure a broken latch on 11/08/2013. On 06/26/2014, his diagnoses included musculoligamentous injury to the left foot, insomnia and depression secondary to industrial injury. His complaints included pain and tenderness to his left foot, particularly at the heel. In an orthopedic evaluation on 05/15/2014, this injured worker stated "his left foot pain was constant without numbness or tingling." His pain was exacerbated with prolonged standing or walking. He was not taking any medications at that time. The treatment plan included beginning physical therapy, a referral to a podiatrist and a prescription for Anaprox. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: The California MTUS Guidelines recommends NSAIDs at the lowest possible dose for the shortest period of time is used in patients with moderate to severe osteoarthritis pain. Anaprox is recommended for osteoarthritis or ankylosing spondylitis. The maximum dose recommended is 1100mg per day. This injured worker has been taking Anaprox for more than 3 months, which exceeds the guideline recommendations of the shortest period of time. Additionally, there is no dosage or frequency of administration included with the request. Without a dosage, daily maximum cannot be calculated. Therefore, this request for Anaprox #60 is not medically necessary.