

Case Number:	CM14-0139225		
Date Assigned:	09/05/2014	Date of Injury:	12/16/2007
Decision Date:	10/23/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	08/28/2014

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 Physical Medicine and Rehabilitation 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:

This 65 year-old patient sustained an injury on 12/16/07 while employed by [REDACTED]. Request(s) under consideration include Anaprox DS 550mg #60. The diagnoses include lumbar L4-S1 herniated nucleus pulposus/ right lower extremity radiculopathy; status post L1, L2 transverse fracture 12/16/07; status post left shoulder arthroscopic rotator cuff repair on 7/27/11 and right arthroscopic rotator cuff debridement with bicep tenotomy on 12/21/11; and anxiety/ depression/ insomnia. Report of 7/14/14 from the provider noted the patient with chronic ongoing right shoulder and low back symptoms. Exam showed left shoulder with decreased range; weakness of biceps/ deltoid and supraspinatus muscles 4/5 motor strength; positive impingement signs. Treatment included shoulder surgery, medications of Ultracet and Anaprox. The request(s) for Anaprox DS 550mg #60 was non-certified on 8/15/14 citing guidelines criteria and lack of medical necessity.

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 NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

Decision rationale: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Anaprox DS 550mg #60 is not medically necessary and appropriate.