

Case Number:	CM14-0156847		
Date Assigned:	10/23/2014	Date of Injury:	01/04/2011
Decision Date:	11/20/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/24/2014

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, has a subspecialty in Interventional Spine 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 54-year-old female with date of injury of 01/04/2011. The listed diagnoses per [REDACTED] from 03/12/2014 are: 1. Lumbar myoligamentous injury with bilateral lower extremity radiculopathy. 2. Cervical myoligamentous injury with right upper extremity radiculopathy. 3. Status post C5-C6, C6-C7 ACDF from 2002. 4. Status post cervical SCS implant, 02/20/2004, removed in July 2013. 5. Right knee internal derangement with compensatory left knee pain. 6. Reactionary depression/anxiety. 7. History of peptic ulcer disease with positive H. pylori. 8. Medication-induced gastritis. 9. Right wrist internal derangement. According to this report, the patient continues to have ongoing and debilitating pain in her low back which radiates down to both lower extremities. She rates her pain 8/10 in intensity. The patient requires medications to maintain functional lifestyle as well as help with her pain. She utilizes Norco, Anaprox, Fexmid, Prilosec, Doral, and Ambien. The examination of the cervical spine shows tenderness to palpation in the right posterior cervical musculature and trapezius muscles. There is decreased sensation along the posterior lateral arm and lateral forearm on the right when compared to the left to Wartenberg pinprick wheel. Reflexes are intact. Decreased range of motion in the cervical spine was noted. The patient has a stiff antalgic gait favoring the right lower extremity. Straight leg raise is mildly positive bilaterally at 60 degrees with modified sitting position. Sensory examination is decreased along the posterior medial thigh and medial calf bilaterally to Wartenberg pinprick wheel. The utilization review denied the request on 09/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg bid prn count #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications; medication for chronic pain Page(s): 22; 60 and 61.

Decision rationale: This patient presents with low back pain. The treating physician is requesting Anaprox 550 mg b.i.d. p.r.n. count quantity 60. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first line treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted. It is supported for the treatment of chronic low back pain. The MTUS Guidelines page 60 and 61 states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The only report provided for review shows that the patient has been taking naproxen prior to this report; however, the date is unknown. The 03/12/2014 report notes, "The patient requires medications to maintain any time [type] of functional lifestyle, as well as help with her pain... She has been very diligent with her medications, not taking more than prescribed. The patient also requires Anaprox DS 550 mg, as she gets muscle spasms at night for which Fexmid 7.5 mg which was recently started is helpful and will be used on a short-term basis... Now, without all of the above-noted medications, the patient is unable to function or sleep very well." In this case, the treating physician has noted adequate documentation regarding medication efficacy while utilizing Anaprox. This request is medically necessary.