

Case Number:	CM14-0020865		
Date Assigned:	04/30/2014	Date of Injury:	08/24/2012
Decision Date:	08/01/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/19/2014

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 Occupational Medicine 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 is a 55-year-old female with an 8/24/12 date of injury to the low back while moving a refrigerator. The patient was seen on 1/14/14 with complaints of pain in the cervical and lumbar spine, and abdomen. Exam findings revealed 3+ muscle spasm and tenderness in the paraspinal muscles from C2 to C7, and L3-S1. Cervical compression and shoulder depression test was positive bilaterally, and triceps reflex was decreased bilaterally. Kemp's test, Yeoman's test, and straight leg raise was positive bilaterally. The right Achilles reflex was decreased. The patient's diagnosis is Lumbar disc displacement and cervical disc herniation without myelopathy, and status post inguinal hernia repair. Treatment to date: physical therapy for 9 sessions, medication management, epidural injections to the spine. The UR decision dated 2/11/14 partially certified the request for Naproxen to a quantity of 60 as this was is the standard dose of this medication. The request for an initial evaluation for pain management was certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

INITIAL EVALUATION FOR PAIN MANAGEMENT INCLUDING EPIDURAL INJECTIONS, ETC: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7: Independent Medical Examinations and Consultations, page 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present or when the plan or course of care may benefit from additional expertise. The UR decision already certified a visit to a pain management specialist on 2/11/14. There is no information that the patient has attended a pain management visit since the decision, the results thereof, or whether she needs a follow up visit. Therefore, the request as submitted was not medically necessary.

NAPROXEN SODIUM 550MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, the Official Disability Guidelines (ODG) states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. This patient had this medication partially certified for ongoing neuropathic pain. The quantity was reduced from 90 to 60 given Naproxen is a twice a day (BID) dosed medication. This is an appropriate decision, and Naproxen is not meant to be dosed three times a day (TID). Therefore, the request for Naproxen as submitted was not medically necessary.