

Case Number:	CM14-0023335		
Date Assigned:	05/12/2014	Date of Injury:	11/15/2010
Decision Date:	07/10/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/24/2014

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 Internal 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:

The patient is a 55 year old female who was injured on CT 11/15/2010-11/24/2010; 11/24/2010. She began to experience low back pain, which she attributes to repeatedly bending forward at the waist and twisting, repeatedly getting in and out of her car, and also to repositioning clients on their beds. Prior treatment history has included 24 sessions of physical therapy and acupuncture; Vicodin and Flexeril; 3 to 4 aquatic therapy sessions. She received lumbar epidural steroid injection in June 2011 which gave her some benefit. Comprehensive report dated 12/02/2013 indicates the patient reports constantly mild to severe pain in the low back. She rates the pain as 4-8/10. She states the pain averages a 5 on most days but increases with activity. It radiates down the hips and thighs. It is aggravated by prolonged sitting, prolonged standing and walking, lifting, pushing, and pulling, bending and twisting. She reports having pain radiating into her buttocks as well. On exam, there is tenderness to palpation about the lumbar paravertebral muscles and sacroiliac joints bilaterally. There is muscle spasm along the quadratus lumborum and gluteus muscles. The patient is unable to perform a full squat. The lumbar range of motion exhibits flexion to 21; extension to 8; left lateral bend to 14 and right lateral bend to 12. Straight leg raise is positive to 50 degrees on the right and to 60 degrees on the left in the sitting and supine positions; cross straight leg raise is negative. Diagnoses are degenerative disc disease, right more than left with lower extremity radiculopathy. Prior UR dated 01/22/2014 states Naproxen 550 mg #60 is non-certified due to lack of evidence to support the necessity of the medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-71.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommends NSAID therapy as an option for short term use in chronic back pain. According to the guidelines, NSAIDs have fewer beneficial effects for chronic back pain than muscle relaxants and narcotics. The patient is already on muscle relaxants and narcotics and thus is unlikely to receive a significant improvement from the addition of NSAID therapy. The clinical documents do not discuss previous NSAID therapy and the results of any such treatment. Some of the clinical documents provided were handwritten and difficult to interpret. The documents do not discuss why NSAID therapy is being initiated at this time. Based on the Chronic Pain Medical Treatment Guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.