

Case Number:	CM14-0031037		
Date Assigned:	06/20/2014	Date of Injury:	06/05/2012
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/12/2014

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 Texas. 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 54 year old female who reported an injury to her head and neck when she was struck by falling boxes in 2001. The note indicates the injured worker utilizing Motrin and Aspirin as well. The clinical note dated 10/03/13 indicates the injured worker rating the neck pain as 6/10. The agreed medical examination dated 11/14/13 indicates the injured worker stating previous conservative treatments to include physical therapy as well as acupuncture have not provided any significant benefit. The injured worker had been utilizing Lidoderm patches for approximately 1 year at that time. The note indicates the injured worker utilizing Motrin and Aspirin as well. The Qualified Medical Evaluator (QME) dated 02/10/14 indicates the injured worker continuing with complaints of neck and head pain. The injured worker also reported insomnia. The note does indicate the injured worker having undergone physical therapy, acupuncture, the use of pharmacological interventions, and a steroid injection. The procedural note dated 02/10/14 indicates the injured worker undergoing a facet injection at C2-3 and C3-4 bilaterally. The injured worker was identified as using Terocin lotion as well as Anaprox to address the ongoing complaints of pain. The note does indicate the injured worker continuing with neck pain. The utilization review dated 02/28/14 resulted in certification for the use of Terocin and non-certification for the use of Anaprox as no information had been submitted confirming the injured worker's objective functional improvements with the continued use of Anaprox. Additionally, Anaprox is not designed to treat chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Anaprox 550 mg between 2/27/2014 and 4/13/2014: 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 Page(s): 72.

Decision rationale: The documentation indicates the injured worker complaining of neck and head pain. The injured worker's injury occurred more than ten years ago. Therefore, it would be reasonable to surmise the injured worker's pain is chronic in nature. Anaprox is currently not designed to treat chronic pain. Additionally, there is no information regarding the injured worker's positive response manifested by an objective functional improvement with the use of this medication. Therefore, this request is not indicated as medically necessary.