

Case Number:	CM14-0034709		
Date Assigned:	06/20/2014	Date of Injury:	11/27/2012
Decision Date:	08/13/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/20/2014

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:

The injured worker is a 48-year-old male who reported an injury on 11/27/2012. The mechanism of injury was noted to be the injured worker squatting at the range. Prior treatments were noted to be physical therapy and medication. His diagnosis was noted to be lumbar spine sprain/strain and possible lumbar spondylosis. The injured worker had a clinical evaluation on 11/04/2013. He reported with complaints of intermittent to constant pain that was moderate to greater than moderate in intensity. Walking, standing, prolonged weight bearing activity, twisting, and sudden movements caused pain. He had numbness, tingling, and weakness throughout the lower extremities. He reported ibuprofen 600 mg was useful for pain relief. The physical examination revealed the injured worker walking with a normal gait and normal arm swing. He had a normal affect on evaluation. There was tenderness to palpation of the lumbar spine region. There was mild loss of forward flexion and extension. There was good strength throughout the lower extremities. The injured worker was neurologically intact. The treatment plan included naproxen and Ultram. The provider's rationale for the request was provided within the documentation. A Request for Authorization for medical treatment was submitted for review and dated 02/12/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg Quantity: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 66, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Naproxen (Naprosyn), page(s) 73 Page(s): 73.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines indicate naproxen as a nonsteroidal anti-inflammatory drug for the relief of the signs and symptoms of osteoarthritis. The injured worker had a clinical evaluation on 11/04/2013. It was indicated that the injured worker was using ibuprofen 600 mg for pain relief. The main concern with the use of NSAIDs is adverse side effects. It was not documented why the injured worker would begin using an additional NSAID such as Naprosyn when ibuprofen (also an NSAID) provided adequate pain relief. In addition, the request for Naprosyn failed to provide a frequency. Therefore, the request for Naprosyn 500 mg quantity of 180 is not medically necessary and appropriate.

Ultram 50mg Quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 113, 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tramadol (Ultram), page(s) 75 Page(s): 75.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend central acting analgesics such as tramadol as they are reported to be effective in managing neuropathic pain. The injured worker had a clinical evaluation on 11/04/2013 with indications of neuropathic symptoms. However, it was noted in the documentation that the injured worker used ibuprofen for pain relief with efficacy. It was not documented why an opioid would be necessary if the prior treatment was providing efficacy. In addition, the request for Ultram failed to provide a frequency. Therefore, the request for Ultram 50 mg quantity of 90 is not medically necessary and appropriate.