

Case Number:	CM14-0035477		
Date Assigned:	06/23/2014	Date of Injury:	11/30/2012
Decision Date:	07/25/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	03/21/2014

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 Orthopedic Surgery 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 58-year-old male injured on November 30, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated February 11, 2014, indicated that there were ongoing complaints of neck pain, shoulder pain, low back pain and hand pains. The physical examination noted the left forearm to be neurovascularly intact and in a cast. There was a normal neurological examination of the upper and lower extremities. The treatment plan recommended physical therapy for the neck, shoulder and lower back. There was a prescription for Anaprox, and home exercises were reviewed. Previous treatment included physical therapy for the hand. A request had been made for Anaprox and was not medically necessary in the pre-authorization process on March 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 REFILLS OF ANAPROX DS 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES Page(s): 46. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67 of 127.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Anaprox are recommended to be prescribed at the lowest dose possible for the shortest period possible in patients with chronic low back pain. The progress note, dated February 11, 2014, has Anaprox prescribed at the highest dosage with 12 refills. This prescription did not indicate prescribing at the lowest possible dosage for the shortest possible period of time. This request for 12 refills of Anaprox is not medically necessary.