

Case Number:	CM14-0055012		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2012
Decision Date:	08/25/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 21-year-old male was reportedly injured on August 27, 2012. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated March 12, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated tenderness over the lumbar spine paravertebral muscles and decreased lumbar spine range of motion. There was a positive left-sided straight leg raise test and decreased sensation at the left L5 dermatomal distribution. Diagnostic imaging studies revealed multilevel disc bulging without spinal canal or neural foraminal narrowing. Previous treatment includes a home exercise program. The treatment plan included prescriptions for Omeprazole, Orphenadrine, Medrox ointment, Norco, Naproxen, and a back brace. A request was made for Naproxen sodium and was not certified in the pre-authorization process on April 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Purchase of Naproxen sodium 550mg tablet, take 1 every morning and 1 every evening (Pill count: 60 tablets with 5 refills for a total of 300 tablets) related to symptoms of lumbar spine injury: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's the pharmacological basis of therapeutics, 12th ed. McGraw Hill, 2006. Physician's Desk Reference,

68th ed. www.RxList.com, ODG workers compensation drug formulary, www.odg-twc.com/odgtwc/formulary.htm, drugs.com, epocrates online, www.online.epocrates.com, monthly prescribing reference, www.empr.com opioid dose calculator - AMDD agency medical directors group dose calculator www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73 of 127.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief chronic pain. According to the California Chronic Pain Medical Treatment Guidelines, Naproxen is recommended as an option. Based on the clinical documentation provided, this request for Naproxen is medically necessary.