MAXIMUS Federal Services

Case Number:	CM14-0064830		
Date Assigned:	07/11/2014	Date of Injury:	11/12/2007
Decision Date:	10/01/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/07/2014

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, has a subspecialty in Pain 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:

This is a 33-year-old male with an 11/12/2007 date of injury. A specific mechanism of injury was not described. 4/22/14 determination was modified. Norco and Prilosec were approved and Anaprox was denied. Reasons for non-certification included that long-term use of NSAIDs was not recommended and the medical records did not established with the medication was started or duration of treatment. 5/9/14 follow-up report revealed lower back pain. The patient underwent a gastric sleeve placement and lost about 150 pounds (from 430lbs to a little over 300lbs). The patient is able to participate in a self-directed physiotherapy program with medications, but recently developed gout, which was related to his diet, related to trying to lose weight. Exam revealed that the patient did not appear overly medicated. He had somewhat of an antalgic gait favoring the right lower extremity. He had difficulty transitioning from a seated to a standing position. There were numerous trigger points palpable and tender throughout the lumbar paraspinals muscles. There was decreased range of motion. There was decreased on the right at about the L5 distribution along the posterolateral thigh and lateral calf and dorsum of the right foot. The medications are monitored on regular basis to ensure the most effective pain relief, and ability to function during the day with the least side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 47. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: CA MTUS states that NSAIDs are "effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems." Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is "inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain." The patient had chronic pain managed on medications, which include opioid medications. Despite this patient taking the medication for an apparent long period it was noted that the pain was adequately controlled with medications and there were no side effects reported. In addition, there was frequent medication monitoring. Given closed medication monitoring and appropriate pain relief. Continuation of the medication was appropriate. The request for Anaprox DS 550mg #60 is medically necessary.