

Case Number:	CM14-0065711		
Date Assigned:	07/11/2014	Date of Injury:	02/21/2013
Decision Date:	09/15/2014	UR Denial Date:	04/26/2014
Priority:	Standard	Application Received:	05/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine 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 records presented for review indicate that this 66-year-old gentleman was reportedly injured on February 21, 2013. The mechanism of injury is noted as a slip and fall. The most recent progress note, dated March 6, 2014, indicates that there are ongoing complaints of lumbar spine radiating to the left lower extremity. The physical examination demonstrated tenderness of the lumbar spine paraspinal muscles and limited lumbar spine range of motion. Neurological examination indicated decreased sensation at the L5 and S1 nerve roots on the left side. Diagnostic imaging studies of the lumbar spine revealed eight disc protrusion at the L4 L5 level at facing the traversing nerve roots as well as moderate facet arthrosis and L4 - L5 and L5 - S1. Previous treatment includes oral medications. A request had been made for Anaprox and was not certified in the pre-authorization process on April 26, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANAPROX DS 550MG TRADE 100S: Upheld

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

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): 22 OF 127.

Decision rationale: According to the California Chronic Pain Medical Treatment Guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. According to the attached medical record there is no reported decrease pain and increased functional activity related directly to the use of medication. Therefore, this request for Anaprox is not medically necessary.