

Case Number:	CM14-0075020		
Date Assigned:	07/16/2014	Date of Injury:	05/31/2012
Decision Date:	08/29/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/22/2014

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 53-year-old female who reported an injury on 05/31/2012 after falling out of a chair. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy, medications, and acupuncture. The injured worker was evaluated on 04/28/2014. It was noted that the injured worker had chronic low back pain complaints rated at a 7/10, exacerbated by prolonged activities. The injured worker's medications were noted to be Naproxen, Mentherm, and Hydrocodone/acetaminophen. It was noted that the injured worker's current medication regimen adequately managed the injured worker's pain levels. The physical findings included restricted range of motion of the lumbar spine secondary to pain with a negative straight leg raising test. The injured worker had restricted range of motion of the left knee secondary to pain. There was decreased sensation in the L5-S1 dermatomal distributions. The injured worker's diagnoses included thoracic or lumbosacral neuritis or radiculitis and sprains and strains of the lumbar region. A request was made for additional acupuncture and a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 1-2 tabs daily.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs), page(s) 67 and 60 Page(s): 67 and 60.

Decision rationale: The requested Naprosyn 1 to 2 tablets daily is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs in the management of chronic low back pain. However, the California Medical Treatment Utilization Schedule recommends that medication be supported by documented functional benefit and evidence of pain relief. The clinical documentation submitted for review does indicate that the injured worker has 7/10 pain that is helped with medications. However, a quantitative assessment of a reduction in pain was not provided secondary to medication usage. Additionally, there is no documentation of functional benefit resulting from the use of this medication. Furthermore, the request as it is submitted does not clearly identify a quantity or dosage. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Naprosyn 1 to 2 tablets daily is not medically necessary or appropriate.