

Case Number:	CM14-0079251		
Date Assigned:	07/18/2014	Date of Injury:	11/08/2012
Decision Date:	09/18/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Management, and is licensed to practice in Tennessee. 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 41-year-old female with an 11/8/12 date of injury. The mechanism of injury was not noted. According to a handwritten progress report dated 5/28/14, the patient complained of pain in her shoulder and lumbar spine. Objective findings: tenderness of left shoulder and lumbar spine. Diagnostic impression: low back pain. Treatment to date: medication management. A UR decision dated 4/29/14 denied the request for Anaprox. There is no indication that the patient has had periodic lab chemistries drawn to monitor her hepatic and renal functions. NSAID's carry certain side effects and for this reason should not be used over the long term. Medical necessity has not been established for Anaprox.

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 Anaprox. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAID's.

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, Official Disability Guidelines (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. There is no documentation of significant pain relief or functional improvement from the patient's use of Anaprox. In addition, there is no discussion regarding any adverse effects from the patient's chronic NSAID use. Furthermore, this is a request for the brand-name formulation of Anaprox. A specific rationale identifying why the patient would require a brand-name formulation as opposed to an equivalent formulation was not provided. Therefore, the request for Anaprox DS 550mg Trade 100s was not medically necessary.