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| Case Number: | CM13-0072690 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 05/11/2011 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 12/20/2013 |
| Priority: | Standard | Application Received: | 12/31/2013 |

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 Orthopedic Surgery, has a subspecialty in Sports 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:

The injured worker is a 33-year-old male with a date of injury of 05/11/2011. The mechanism of injury was not disclosed. His diagnoses included status post right L4-S1 laminectomy, discectomy, lumbar disc protrusion, and annular tear L4-5, and lumbar radiculitis. His diagnostic studies included urinary drug screens, x-rays, lumbar epidural steroid injections at L4-5 and L5-S1 on the right, and injections of vitamin B12. The injured worker's surgical history included an L4-5 and L5-S1 right hemilaminotomy and possible laminectomy. In the clinical note dated 09/17/2013 the injured worker had complaints of intermittent low back pain with occasional numbness and tingling of the right foot. The physical exam findings included tenderness at the right side lumbar paravertebral muscles, and pain with terminal motion. The treatment plan included medication for pain relief. The rationale for the request was pain relief. The Request for Authorization Form is signed and dated 10/21/2013 in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg: Upheld

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): 70.

Decision rationale: The request for Naproxen Sodium 550 mg #100 is not medically necessary. The injured worker had complaints of intermittent low back pain with occasional numbness and tingling in the right foot. The California MTUS Guidelines state that NSAIDs are recommended at the lowest effective dose for the shortest period of time due to significant adverse effects associated with use of these medications and there should be documentation of objective pain relief and objective functional improvement. There was a lack of documentation of the above criteria. Additionally, the request as submitted failed to include the frequency. Therefore the request for Naproxen Sodium 550 mg #100 is not indicated at this time and the request is not medically necessary.