

Case Number:	CM14-0107404		
Date Assigned:	08/01/2014	Date of Injury:	11/27/2011
Decision Date:	02/09/2015	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/10/2014

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 47-year-old male with an 11/27/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress report dated 6/10/14 noted subjective complaints of low back pain and knee pain. Objective findings included left knee joint line tenderness and left knee swelling. Diagnostic Impression: lumbar radiculopathy, knee pain
Treatment to Date: medication management
A UR decision dated 6/23/14 denied the request for Anaprox 550 mg 1 PO BID prn #60. The request is no reasonable as the patient has been on long term NSAID without any documentation of significant derived benefit through prior long term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox 550mg 1 p.o. b.i.d p.r.n #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) Page(s): Page 67-68.

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

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. However, given the 2011 original date of injury, it is unclear how long the patient has been taking Anaprox. Guidelines do not recommend the chronic use of NSAIDs, especially in the absence of clear documentation of objective functional benefit obtained from its use. Therefore, the request for Retro Anaprox 550 mg 1 p.o. b.i.d p.r.n #60 was not medically necessary.