

Case Number:	CM14-0107929		
Date Assigned:	08/01/2014	Date of Injury:	10/02/2009
Decision Date:	03/05/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 55 year old male who sustained a work related injury while working as a truck driver. The mechanism of injury was a fall from the top of the truck landing on his back. The injured worker reported low back pain. Per the documentation the injured worker sustained a work related injury to his low back on March 20, 2006 and an injuries to the left shoulder, left knee and right foot on October 2, 2009. Prior treatment has included multiple trials of different pain medications, physical therapy, a home exercise program, a transcutaneous electrical nerve stimulation unit, a Cortisone injection, epidural steroid injections, ice packs and treatment by a psychiatrist. Per the peer review dated July 1, 2014 the injured worker had an MRI of the lumbar spine which revealed a depressive disorder at lumbar four-lumbar five causing mild bilateral recess and neural foraminal narrowing. A left posterior disc extrusion was noted at the lumbar five-sacral one level causing displacement and possible impingement within the left lateral recess and moderate to severe bilateral neural foraminal narrowing, left worse than the right. A physicians report dated May 1, 2014 notes that the injured worker reported worsening constant disabling axial back pain with radiation to the left lower extremity. Associated symptoms included variable weakness, numbness and tingling. Pain level was noted to be an eight out of ten on the Visual Analogue Scale. Diagnoses include chronic axial lumbar pain, left lumbar five-sacral one radicular pain and chronic pain and disability syndrome with an apparent depression and anxiety component. Most current documentation dated May 30, 2014 notes that the injured worker reported his pain level to be a seven out of ten on the Visual Analogue Scale. Current medications include Norco, Omeprazole, Daypro and Senna. Subjective complaints and

a physical examination were not performed. The treating physician requested Daypro #60 with 3 refills. Utilization Review evaluated and denied the request on July 2, 2104. The injured worker has been utilizing non-steroidal anti-inflammatory drugs on a chronic basis without documented improvement. The medication did not appear to have led to a reduction of pain or functional improvement. Based on the MTUS Chronic Pain Medical Treatment Guidelines the medical necessity of the request was not established.

IMR ISSUES, DECISIONS AND RATIONALES

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

Daypro 600 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Daypro 600 mg #60 is determined to not be medically necessary.