

Case Number:	CM14-0178322		
Date Assigned:	10/31/2014	Date of Injury:	10/12/2006
Decision Date:	02/06/2015	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/27/2014

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 Rehab, has a subspecialty in Interventional spine 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 patient is a 51 year old female with an injury date of 10/12/06. Based on the 09/02/14 progress report provided by treating physician, the patient complains of right hip pain rated 8-9/10 that radiates to the right groin and knee. Physical examination revealed point tenderness over the right hip joint and decrease range of motion at the right hip. Patient states that right hip pain is becoming worse preventing her from daily ADL (cleaning, showering, cooking, dressing). Patient medications include Anaprox, Motrin, Neurontin, Percocet, Colace and Cimetidine per 09/02/14 treater report. Anaprox was included in patient medications in progress reports dated 03/25/14, and 08/29/14. Pain rating on 03/25/14 was 7-8/10. Patient is off-work. Diagnosis 03/25/14 07/10/14, 08/12/14, 08/29/14, 09/02/14- Hip and thigh injury, NOSThe utilization review determination being challenged is dated 09/24/14. Treatment reports were provided from 12/18/13 - 09/02/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg 1 tablet 2 times a day; #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications: Naproxen, NSAIDs (non-steroidal anti.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's, medication for chronic pain Page(s): 22, 60.

Decision rationale: The patient presents with right hip pain rated 8-9/10 that radiates to the right groin and knee. The request is for Anaprox 550mg 1 tablet 2 times a day #60. Patient's diagnosis on 09/02/14 was hip and thigh injury, not otherwise specified. Physical examination revealed point tenderness over the right hip joint and decrease range of motion at the right hip. Patient states that right hip pain is becoming worse preventing her from daily ADL (cleaning, showering, cooking, dressing). Patient medications include Motrin, Neurontin, Percocet, Colace and Cimetidine per 09/02/14 treater report. Patient is off-work. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater has not provided reason for the request. Anaprox was included in patient medications in progress reports dated 03/25/14 and 08/29/14. Pain rating on 03/25/14 was 7-8/10, and it increased to 8-9/10 per treater report dated 09/02/14. Though patient presents with chronic pain, there is no documentation or discussion of decrease in pain or increase in function with the use of Anaprox. Given lack of discussion regarding medication efficacy as required by MTUS, the request is not medically necessary.