

Case Number:	CM14-0189777		
Date Assigned:	11/20/2014	Date of Injury:	07/16/2014
Decision Date:	01/08/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/13/2014

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 and Rehabilitation, 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 41 year old with an injury date on 7/16/14. Patient complains of increased mid/low lumbar spine pain, with slight depression/anxiety per 8/12/14 report. A follow-up note on the 8/12/14 report states the pain was rated 6/10 with no functional changes since last report. The patient states that he has trouble sleeping (3-5 hours of sleeplessness per night) and has negative changes in sexual function per 9/5/14 report. Based on the 8/12/14 progress report provided by the treating physician, the diagnoses are: 1. L-spine strain 2. bilateral radiculitis Exam on 8/12/14 showed "No neurological deficits." The 9/5/14 exam showed a positive straight leg raise on the right. L-spine range of motion reduced and restricted particularly at flexion: 12 degrees." Patient's treatment history includes 6 chiropractic treatments, and medication. The treating physician is requesting naproxen 550mg #60 1 refill. The utilization review determination being challenged is dated 10/17/14 and modifies request to #60 with no refill, as long term use of NSAIDs are not indicated. The requesting physician provided treatment reports from 8/12/14 to 9/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg # 60 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 23, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications; NSAIDs (non-steroidal anti-inflammatory drugs); Chronic Pain Medi.

Decision rationale: This patient presents with back pain. The treater has asked for NAPROXEN 550MG #60 1 REFILL on 8/12/14. A review of the records show that the patient does not have a history of taking Naproxen. Regarding NSAIDs, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. In this case, the patient presents with chronic back pain, and NSAIDs are indicated. Regarding medications for chronic pain, MTUS pg. 60 states, "A record of pain and function with the medication should be recorded." The patient does not have a history of taking Naproxen, and a trial of the requested Naproxen is medically necessary.