

Case Number:	CM14-0194661		
Date Assigned:	12/02/2014	Date of Injury:	03/18/2010
Decision Date:	01/16/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/20/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine Pain Management 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 53 year old female with injury date on 3/18/10. The patient complains of back pain and bilateral knee pain per 7/31/14. The patient states that physical therapy for the lumbar has been beneficial, and has been able to work through occasional discomfort per 7/31/14 report. The patient had a mild recurrence of her back pain per 9/16/14 report. The patient has developed compensatory back pain due to her bilateral knee surgeries, but no radicular complaints per 4/2/14 report. As none of the progress reports from 4/2/14 to 7/31/14 provided a diagnosis, the utilization review letter dated 11/6/14 report was consulted, which included the following diagnoses from the treating physician: unspecified derangement of lateral meniscus and s/s of unspecified site of knee and leg. Most recent physical exam on 4/2/14 showed "straight leg raise negative bilaterally. Tenderness to palpation to lumbar and some mild abnormality to her gait secondary to knees." No range of motion testing was provided in reports. The patient's treatment history includes medications (NSAIDs, daily), bilateral knee surgeries (unspecified), physical therapy (for lumbar, beneficial), home exercise program (gym). The treating physician is requesting naproxen 250mg x 60 and Theraproxen. The utilization review determination being challenged is dated 11/6/14 and denies requests for NSAIDs as medical necessity is not established for either NSAID. The requesting physician provided treatment reports from 4/2/14 to 10/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 250mg x 60: Overturned

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

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

Decision rationale: This patient presents with lower back pain, bilateral knee pain. The provider has asked for Naproxen 250mg x 60 on 7/31/14. The patient was issued Naproxen on 7/31/14, but review of reports does not show prior use before that date. 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 has a chronic pain condition. Regarding medications for chronic pain, MTUS pg. 60 states provider must determine the aim of use, potential benefits, adverse effects, and patient's preference. Only one medication should be given at a time, a trial should be given for each individual medication, and a record of pain and function should be recorded. The provider has asked for trial of Naproxen which is reasonable and consistent with the guidelines given the patient's chronic pain condition. The requested trial of Naproxen is medically necessary.

Theraproxen 90: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Pain Chapter, Theramine, Pain chapter, medical foods.

Decision rationale: This patient presents with lower back pain, bilateral knee pain. The provider has asked for Theraproxen 90 on 7/31/14. Review of the records indicates the patient has not had a previous trial of Theraproxen. Theraproxen is a combination of Naproxen and Theramine. 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. Theramine is a medical food containing amino acid blend purported to help low back pain. ODG Pain chapter, under medical foods states "not recommended for chronic pain." In this case, the patient has chronic back and bilateral knee pain. While Naproxen is indicated for this patient's chronic pain, Theramine is yet to be discussed in the guidelines and there is lack of support for this supplement and chronic pain. ODG does not recommend medical food for chronic pain condition. The request is not medically necessary.