

Case Number:	CM14-0199348		
Date Assigned:	12/09/2014	Date of Injury:	09/10/2013
Decision Date:	01/27/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/26/2014

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 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:

This is a female patient with the date of injury of September 10, 2013. A Utilization Review dated December 10, 2014 cancelled a review for 1 prescription of Anaprox Ds 550mg #60. A Progress Report dated December 2, 2014 identifies Primary Complaints of pain radiating to the bilateral lower extremities. She uses walker secondary to feeling that she will fall due to giving way of her legs. Objective Findings identify tenderness to palpation with hypertonicity in the bilateral paraspinal musculature. Kemp's test is positive. Straight leg raising test elicits low back pain. There is pain in all ranges especially on extension. Diagnoses identify lumbar spine musculoligamentous sprain/strain with bilateral lower extremity radiculitis with degenerative disc disease and psychiatric and sleep complaints, deferred. Treatment Plan identifies Anaprox DS 1 PO BID #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for Anaprox, MTUS Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Anaprox is not medically necessary.