

Case Number:	CM14-0205603		
Date Assigned:	12/17/2014	Date of Injury:	02/23/2010
Decision Date:	02/28/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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: Physical Medicine & Rehabilitation

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 50 year old female with an injury date of 02/23/10. The 10/29/14 report states that the patient presents with lower back pain radiating to the lower extremities with intermittent numbness in the toes. Pain is rated 4-5/10 on average with medications and 7-8/10 without. Pain has worsened since the last visit. Examination reveals tenderness upon palpation in the spinal vertebral area L4-S1 with decreased range of motion of the lumbar spine. There are facet signs in the lumbar spine bilaterally with decreased sensitivity to light touch along the L4 dermatome in the left lower extremity. The patient's diagnoses include: 1. Chronic pain, other 2. Lumbar facet arthropathy 3. Lumbar radiculopathy 4. Lumbar spondylolisthesis 5. L4-5 anterolisthesis 6. Hypertension 7. Obesity The patient is s/p TFESI bilateral L4-S1 06/24/14 with 55% overall improvement with decreased pain and medications. She is participating in a home exercise program. Current medications are listed as: Naproxen, Neurontin, and Tylenol #3. The utilization review is dated 11/18/14. Reports were provided for review from 11/13/13 to 12/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient present with lower back pain radiating to the lower extremities rated 4-5/10 with medications and 7-8/10 without. The current request is for Naproxen 550mg #60 per 11/12/14 RFA. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The reports provided show that the patient was prescribed this medication from 01/22/14 to 04/16/14 and from 10/01/14 to 12/10/14. The 10/29/14 notes the patient states medications have been helpful and that Naproxen is to be renewed as previously prescribed as it is beneficial with intended effect at the prescribed dose. In this case, the medication is a first line treatment for the pain that is documented for this patient and the treater states it helps. The request IS medically necessary.