

Case Number:	CM15-0100709		
Date Assigned:	06/03/2015	Date of Injury:	10/25/2012
Decision Date:	07/01/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/26/2015

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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 50 year old female who sustained a work related injury October 25, 2012. According to a pain management follow-up consultation, dated April 2, 2015, the injured worker presented with complaints of neck pain, rated 6/10, associated with cervicogenic headaches, as well as pain radiating down to both upper extremities and occasional radicular symptoms to the left hand. She also reports pain in her lower back, mostly axial, rated 6/10. She is currently taking Anaprox twice a day, Prilosec and Norco one tablet a day as needed. Physical examination of the cervical spine revealed tenderness to palpation bilaterally, with increased muscle rigidity. There are numerous trigger points which are palpable and tender throughout the cervical paraspinal muscles and decreased range of motion with obvious muscle guarding. Examination of the thoracic and lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points palpable. Assessment is documented as cervical myoligamentous injury associated with cervicogenic headaches; lumbar myoligamentous injury; medication induced gastritis. Treatment plan included administration of four trigger point injections to the posterior cervical and posterior lumbar musculature with reported pain relief of greater than 50%, and an increased range of motion. At issue, is the request for authorization for Anaprox DX.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DX 550 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is appropriately not medically necessary.