MAXIMUS Federal Services

Case Number:	CM15-0100877		
Date Assigned:	06/03/2015	Date of Injury:	05/25/2006
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
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: Connecticut, California, Virginia
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 54 year old male, who sustained an industrial injury on May 25, 2006, incurring low back injuries. He was diagnosed with lumbar disc disease, facet arthropathy, radiculitis, lumbar stenosis and lumbar disc herniations. Treatment included lumbar epidural steroid injection, physical therapy, anti-inflammatory drugs, bracing, muscle relaxants, pain medications and work restrictions. Magnetic Resonance Imaging revealed lumbar canal stenosis with disc protrusions and facet arthropathy. Electromyography studies revealed nerve abnormalities and radiculopathy. Currently, the injured worker complained of ongoing low back pain radiating to both legs with numbness and tingling. Flexion and extension of the lower extremities was restricted. The treatment plan that was requested for authorization included a prescription for Naprosyn with three refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 MG #60 with 3 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The main concern for drug selection is based on risk of adverse effects. In this case, given that the utilization review appropriately modified the request to decrease risk associated with chronic use; facilitating the ability to assess for functional improvement and assess the risk of continued use. Therefore the treatment is not medically necessary as initially written.