

Case Number:	CM15-0105746		
Date Assigned:	06/10/2015	Date of Injury:	12/22/2014
Decision Date:	07/14/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	06/02/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 41 year old male, who sustained an industrial injury on 12/22/14. The injured worker was diagnosed as having lumbar musculoligamentous sprain/strain with bilateral lower extremity radiculitis and multilevel disc bulges/protrusion at L3-S1 with stenosis/facet changes worst at L5-S1. Treatment to date has included transforaminal epidural steroid injections, lumbar spine laminectomy/discectomy in 2010, physical therapy, acupuncture, and medication. Pain on 3/4/15 was rated as 5-8/10. The injured worker had been taking Voltaren since at least 4/8/15. The injured worker had been taking Naproxen since at least 2/27/15. Currently, the injured worker complains of pain in the low back. The treating physician requested authorization for Anaprox DS 550mg #60 and Voltaren XR #30.

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 Naproxen.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks There is no indication for combining multiple NSAIDS (Anaprox and Voltaren) In addition, response to medication in relation to pain score was not noted. Continued use of Anaprox is not medically necessary.

Voltaren XR #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac (Voltaren).

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks There is no indication for combining multiple NSAIDS (Anaprox and Voltaren) In addition, response to medication in relation to pain score was not noted. Continued use of Voltaen XR is not medically necessary.