

Case Number:	CM15-0138842		
Date Assigned:	07/28/2015	Date of Injury:	03/02/1998
Decision Date:	08/26/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/17/2015

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: California
Certification(s)/Specialty: Emergency 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 female, who sustained an industrial injury on 3/2/98. She reported low back pain. The injured worker was diagnosed as having low back pain, lumbar radiculopathy, recent fall unable to rule out new disc herniation and S1 radiculopathy, carpal tunnel syndrome, depression, chronic pain syndrome, and a history of global fusion at L5-S1. Treatment to date has included left carpal tunnel and left trigger thumb release on 5/23/14, steroid injections, TENS, physical therapy, acupuncture, and medication. On 6/17/15 pain was rated as 9-10/10 without medication and 6-8/10 with medication. Currently, the injured worker complains of low back pain radiating to bilateral legs and bilateral buttocks pain. Pain in the left thenar eminence was also noted. The treating physician requested authorization for Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

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

Decision rationale: The requested Anaprox 550mg #60, is not medically necessary. California's Division of Workers Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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 injured worker has low back pain radiating to bilateral legs and bilateral buttocks pain. Pain in the left thenar eminence was also noted. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550mg #60 is not medically necessary.