

Case Number:	CM15-0139872		
Date Assigned:	07/29/2015	Date of Injury:	03/29/2012
Decision Date:	08/26/2015	UR Denial Date:	07/11/2015
Priority:	Standard	Application Received:	07/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 56 year old female, who sustained an industrial injury on 3-29-12. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar disc disorder with myelopathy; lumbar myoligamentous injury; bilateral lower extremity radiculopathy; left shoulder ligamentous injury; medication-induced gastritis. Treatment to date has included physical therapy; trigger point injections (2-23-15); medications. Diagnostics studies included EMG/NCV study lower extremities (3-25-14); MRI lumbar spine with flex-ext (6-15-15). Currently, the PR-2 notes dated 6-23-15 indicated the injured worker complains of ongoing pain in the lower back which is mostly axial in nature aggravated when she attempts to straighten or extend her lower back. Her pain limits her ability to perform activities of daily living. Her pain appears to be facet generated and she received authorization to undergo a medial branch block at bilateral L3, L4 and L5 levels but then later denied by the insurance company. She has been evaluated by several orthopedic surgeons who are recommending surgical intervention in the form of fusion versus laminotomy and decompression. She continues her medication regime and with this is able to perform simple chores. She is currently taking Norco 10/325mg three times a day along with Anaprox DS and Prilosec twice a day. She reports she sleeps poorly due to ongoing pain with significant spasms across her lower back. The provider reports a prescribed Flexeril at bedtime along with Ambien 10mg one at bedtime. Also noted is the prescribed Lidoderm 1 daily and medical marijuana. A MRI of the lumbar spine with flexion-Extension dated 6-15-15 impression reveals a disc desiccation at L4-L5 and L5-S1 with associated loss of disc height. There is Modic type II endplate degenerative changes at the opposing endplates of L4-L5 and L5-S1. There is a hemangioma at L2 and a Schmorl's

node at the opposing endplates of L4-L5 and inferior endplate L5. At L3-L4 there is a broad-based disc herniation which abuts the thecal sac. Concurrent hypertrophy of bilateral facets and ligamentum flava noted. Disc material and facet hypertrophy cause narrowing of the bilateral neural foramen. At L4-L5 there is diffuse disc herniation which abuts the thecal sac. There is associated narrowing of the bilateral lateral recess with contact of the bilateral L5 transiting nerve roots. Concurrent hypertrophy cause narrowing of the bilateral neural foramen with contact on the bilateral L4 exiting nerve roots. L5-S1 notes a broad-based disc herniation which abuts the thecal sac. There is associated narrowing of the right lateral recess. Concurrent hypertrophy of bilateral facets and ligamentum flava noted with disc material and facet hypertrophy causing narrowing of the bilateral neural foramen. An EMG study of the lower extremities dated 3-25-14 revealed bilateral L4 and L5 radiculopathy right greater than left. The provider is requesting authorization of Anaprox DS 550mg 1 tablet three times daily as needed #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg 1 tablet three times a day as needed quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for low back pain. Medications are referenced as allowing her to function on a daily basis. When seen, she appeared to be in mild to moderate distress. She was avoiding standing upright. There was decreased and painful lumbar spine range of motion with tenderness and trigger points. There was decreased lower extremity sensation and positive straight leg raising. Right lower extremity strength was decreased. Medications were refilled including Anaprox DS 550 mg two times per day as needed #60. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and is medically necessary.