

Case Number:	CM15-0145475		
Date Assigned:	08/06/2015	Date of Injury:	07/16/1997
Decision Date:	09/30/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/27/2015

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 69 year old male who sustained an industrial injury on 7-16-97. Diagnoses are postlaminectomy syndrome, lumbar spine radiculitis, and left shoulder pain; internal derangement. In a progress report dated 7-1-15, the treating physician notes subjective complaints of neck pain which is not as strong as his low back pain, and bilateral elbow and knee pain. He complains of constant pain in his right low back to right leg, which is worse with weather changes. He complains of neck and shoulder pain rated at 5 out of 10. He notes increased spasms were helped with Soma. He would like a topical for between his non-steroidal anti-inflammatory drug therapy. He notes that his pain feels worse since stopping the muscle relaxant. He reports that he is not getting the Ultram. Previous treatment includes; walking, H-Wave- reduces pain, medication, physical therapy-with mild improvement, and an MRI 7-1-13. Medications are noted to be most helpful and he denies side effects. Pain is rated at 3 out of 10 at best, 7 out of 10 at worst and 5 out of 10 on average. There is positive increased paravertebral tenderness, spasms, trigger point left shoulder and lumbar spine trigger and decreased sensation in the L5 dermatome. Straight leg raise is negative. Left shoulder reveals decreased range of motion secondary to pain. Left knee laxity with positive anterior drawer sign is noted. The treatment plan is to continue medication; Naproxen, Zantac, Tramadol, Flexeril, continue H-Wave unit, acupuncture for left shoulder and low back, and follow up in 3 months. It is noted that the injured worker requires his total regimen to manage his pain and it allows increased function. The requested treatment is Naproxen 500mg, one tablet three times a day, for a quantity of 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg one tablet three times a day quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : Pain interventions and treatments 8 C.C.R. 9792.20 - 9792.26 Page(s): 60 and 67 of 127.

Decision rationale: This claimant was injured back in 1997. Diagnoses are postlaminectomy syndrome, lumbar spine radiculitis, left shoulder pain; and internal derangement. He has been on oral medicine long term for pain control. 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.