

Case Number:	CM15-0146967		
Date Assigned:	08/07/2015	Date of Injury:	08/03/2014
Decision Date:	09/04/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/28/2015

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: 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:

This is a 40 year old male with an August 3, 2014 date of injury. A progress note dated June 3, 2015 documents subjective complaints (lower back pain radiating to the left lower extremity), objective findings (difficulty transitioning from a seated position to a standing position; tenderness to palpation bilaterally of the posterior lumbar musculature; numerous trigger points that are palpable and tender throughout the lumbar paraspinal muscles; decreased range of motion with obvious muscle guarding; decreased Achilles tendon reflexes bilaterally; decreased sensation along the posterolateral thigh and posterolateral calf in about the L5-S1 distribution bilaterally; positive straight leg raise bilaterally), and current diagnoses (lumbar disc herniation with radiculopathy; acute L5 radiculopathy; medication induced gastritis). Treatments to date have included medications, lumbar epidural steroid injections with about 60% pain relief, physical therapy, electromyogram-nerve conduction velocity study that showed an acute right L5 radiculopathy, and magnetic resonance imaging of the lumbar spine (October 7, 2014 and October 29, 2014; showed loss of disc height at L4-5 and asymmetric right paracentral disc protrusion impinging on the traversing L5 nerve roots right greater than left). The treating physician documented a plan of care that included 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 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Anaprox, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Anaprox is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Given this, the currently requested Anaprox is not medically necessary.