

Case Number:	CM15-0149460		
Date Assigned:	08/12/2015	Date of Injury:	09/14/2010
Decision Date:	09/14/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/31/2015

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, New York, 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 14, 2010. In a Utilization Review report dated July 17, 2015, the claims administrator approved a request for Pamelor, approved a follow-up visit, and failed to approve a request for Naprosyn (Anaprox). The claims administrator referenced a June 29, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 29, 2015, Naprosyn and Pamelor were endorsed. In an associated progress note of June 29, 2015, difficult to follow, handwritten, and not entirely legible, it was acknowledged that the applicant was not working. The applicant was using Norco, Naprosyn, and Norflex, it was reported. The attending provider stated, admittedly through preprinted checkboxes, that the applicant's medications were improving his ability to perform household chores such as cooking dishes and doing laundry. This was neither quantified nor expounded upon. In an earlier note dated May 20, 2015, it was again acknowledged that the applicant was not working owing to multifocal complaints of neck, mid back, and low back pain. The applicant was on Norflex, Naprosyn, and Sonata, it was reported. 6/10 pain with medications and 9/10 pain without medications were reported. The attending provider again stated the applicant's ability to perform activities of daily living and home exercises were ameliorated as a result of ongoing medication consumption. Once again, preprinted checkboxes were employed. It was not established which or what activities of daily living were specifically ameliorated.

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 Non-steroidal anti-inflammatory drug (NSAIDs).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications; Functional Restoration Approach to Chronic Pain Management Page(s): 22; 7.

Decision rationale: No, the request for Anaprox (Naprosyn), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of “efficacy of medication” into his choice of recommendations. Here, however, the applicant remained off of work, despite ongoing Naprosyn usage, it was acknowledged on both on May 22, 2015 and on June 29, 2015. While the attending provider stated that the applicant's pain scores were reduced as a result of ongoing Naprosyn consumption, these reports were, however, outweighed by applicant's failure to return to work, the failure of Naprosyn to reduce the applicant's reliance on other analgesic medications such as Norflex, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function effected as a result of ongoing Naprosyn usage. The attending provider's commentary on June 29, 2015 to the effect that the applicant's ability to cook and do dishes had been ameliorated as a result of ongoing medication consumption was not quantified and did not, furthermore, constitute evidence of a meaningful or material improvement in function in terms of parameters established on MTUS 9792.20e needed to justify continuation of Naprosyn. Therefore, the request was not medically necessary.