

Case Number:	CM15-0187576		
Date Assigned:	09/29/2015	Date of Injury:	03/20/2013
Decision Date:	11/13/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/23/2015

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, North Carolina
 Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury 03-20-13. A review of the medical records reveals the injured worker is undergoing treatment for headaches, cervical, thoracic, and lumbar radiculopathy; right shoulder tendinitis, right ulnar injury, right carpal tunnel syndrome, right knee sprain rule out internal derangement, bilateral plantar fasciitis, bilateral tarsal syndrome, and anxiety. Medical records (06-03-15) reveal the injured worker complains of headaches, neck pain, bilateral shoulder, wrist, and hand pain; upper, mid back, and low back pain; and bilateral knee, ankle, and foot pain. The pain is not rated. The physical exam (06-03-15) reveals headache, neck, upper extremity, chest-ribs-upper back, lower back, hip-thigh-knee-lower leg, and lower extremity pain is exacerbated with movement. Prior treatment is not addressed. The treating provider recommends physical therapy, medications including Norflex, Anaprox, and Prilosec; consultation with a podiatrist, chiropractor, and psychiatrist, a MRI of the lumbar spine and bilateral shoulders, and small pain fibers nerve conduction study of the cervical and thoracic spines, upper and lower extremities, and cubital tunnel. The original utilization review (08-27-15) non-certified the request for Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox (unspecified dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: NSAIDs are a traditional first-line of treatment to reduce pain so activity and functional restoration can resume. Long-term use may not be warranted and should be used with caution due to a significant risk of GI and cardiovascular risks associated with NSAID use. In this case, the patient's chronic condition warrants the use of NSAIDs, however the dosage and frequency of Anaprox are not stated in the request, preventing its approval. In addition, efficacy must be documented before long-term use may be considered. Therefore, the request is not medically necessary or appropriate.