

Case Number:	CM15-0191825		
Date Assigned:	10/05/2015	Date of Injury:	12/20/2014
Decision Date:	11/12/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	09/29/2015

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 38 year old female who sustained an industrial injury on 12-20-14. The injured worker reported discomfort in the back, neck, and bilateral feet. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar disc protrusion and L1 and L2 compression fracture. Medical records dated 8-31-15 indicate pain rated at 8-9 out of 10. Provider documentation dated 8-31-15 noted the work status as modified work duties. Treatment has included radiographic studies, at least six sessions of physical therapy, injection therapy, magnetic resonance imaging (6-18-15), Tramadol and Cyclobenzaprine. Objective findings dated 8-31-15 were notable for tenderness to palpation to the paraspinal region, positive straight leg raise, and decreased range of motion by 10 degrees in all planes. The original utilization review (9-23-15) denied a request for Naproxen sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550mg #60: 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: The injury is from 2014. 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.