MAXIMUS Federal Services

Case Number:	CM15-0192825		
Date Assigned:	10/06/2015	Date of Injury:	09/04/2013
Decision Date:	11/19/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	09/30/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression reportedly associated with an industrial injury of September 4, 2013. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Motrin and Naprosyn. The claims administrator seemingly suggested that the decision was based on an RFA form received on September 16, 2015. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant received multilevel lumbar medial branch blocks. On June 12, 2015, the applicant reported ongoing complaints of low back pain. The applicant was using Relafen and Nucynta for the same, it was reported on this date. On July 31, 2015, the applicant reported ongoing complaints of low back pain, moderate-to-severe, 9/10 without medications versus 6/10 with medications. The applicant's medication list included Motrin, Nucynta, and Relafen, it was reported. The applicant was asked to pursue an SI joint injection. The applicant received multiple trigger point injections and epidural injections, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the 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 to the effect that an attending provider incorporate some discussion of applicant specific variables such as "other medications" into his choice of recommendations. Here, however, attending provider failed to furnish a clear or compelling rationale for concurrent usage of three separate anti-inflammatory medications, Naprosyn, Relafen, and Motrin. Therefore, the request was not medically necessary.

Ibuprofen 800mg #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: Similarly, the request for ibuprofen, another anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen (Motrin) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain (LPB) reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider incorporate some discussion of applicant specific variables such as "other medications" into his choice of recommendations. Here, however, the attending provider failed to furnish a supporting rationale for concurrent usage of three separate anti-inflammatory medications including Relafen, Naprosyn, and Motrin. Therefore, the request was not medically necessary.