

Case Number:	CM15-0198011		
Date Assigned:	10/13/2015	Date of Injury:	08/22/2012
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/08/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 30 year old male, who sustained an industrial injury on 8-22-12. The documentation on 9-1-15 noted that the injured worker has complaints of his thoracic back pain rated at 6 out of 10 on the visual analog scale without pain medications and 5 out of 100 with pain medications. The diagnoses have included herniated thoracic disc, 2 to 3 millimeter at T8-9 with mass effect on the cord; thoracic pain; thoracic strain; chronic pain and myalgia. Treatment to date has included transcutaneous electrical nerve stimulation unit daily for pain relief with 50 percent pain reduction and less pain medications; transcutaneous electrical nerve stimulation unit for spasms; flexeril for spasms; anaprox and physical therapy. The original utilization review (9-9-15) non-certified the request for anaprox 550 mg quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg Qty 60: Upheld

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

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

Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, Recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The medical records fail to document any significant improvement in pain while taking this medication, As such, the request for Anaprox 550mg Qty 60 is not medically necessary.