

Case Number:	CM15-0208567		
Date Assigned:	10/27/2015	Date of Injury:	01/21/2013
Decision Date:	12/09/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/22/2015

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, Oregon, Washington
Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 45 year old female who sustained an industrial injury on 1-21-2013. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, lumbar disc disease, lumbar facet arthropathy, trochanteric bursitis of right hip, myofascial pain and depression. According to the progress report dated 10-7-2015, the injured worker complained of constant low back pain, mostly on the right side with radiation to her right hip and buttock. She rated her average pain 3-4 out of 10 without medications. She was taking Ibuprofen for flare-ups. Objective findings (10-7-2015) revealed tenderness over the lumbar paraspinals and multiple trigger points on the right side with twitch response. There was tenderness over the lumbar facet joints, more on the right side. Gait was antalgic. Treatment has included lumbar epidural injection, trigger point injections and medications. Current medications (10-7-2015) included Robaxin, Motrin and Flexeril. The original Utilization Review (UR) (10-15-2015) denied a request for Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #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 rationale: Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 10/7/15. Therefore, the request is not medically necessary.