

Case Number:	CM15-0020835		
Date Assigned:	02/10/2015	Date of Injury:	09/13/2001
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/04/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 36-year-old male who reported an injury on 01/07/2013 due to an unspecified mechanism of injury. On 12/30/2014, he presented for a follow-up evaluation. He reported ongoing back pain with radicular symptoms that was noted to be worst with cold weather. He continued to do well on 8 Norco a day and was requesting a refill. It was stated that with his medications, he was able to continue to carryout activities of daily living, help with light household chores, and interact with his children. He reported no adverse side effects and there were no aberrant behaviors noted. It was noted that his urine drug screen dated 12/02/2014 was consistent. His medications included Norco 10/325 mg 6 to 8 per day and tizanidine 4 mg 4 times a day. It was also noted that he had been using a TENS unit. Objective findings showed no significant change. He was diagnosed with low back pain and lumbar myofascial pain. The treatment plan was for Anaprox DS 550 mg twice a day as needed. The rationale for treatment was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg twice per day as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67-68.

Decision rationale: The California MTUS Guidelines indicate that NSAIDs are recommended for the short term treatment of symptomatic low back pain and osteoarthritis and tendinitis. The documentation provided does not indicate that the injured worker had been taking Anaprox DS for treatment. It is stated that he was doing well on his medication regimen and therefore, the request for Anaprox DS would not be supported as medically necessary. Without a clear rationale for adding Anaprox DS to his medication regimen, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.