

Case Number:	CM15-0021650		
Date Assigned:	02/11/2015	Date of Injury:	02/15/2012
Decision Date:	03/25/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 58 year old male who sustained a work related injury February 15, 2012. While at a complete stop on the freeway, a vehicle hit his car and he in turn pushed into the car in front of him. He experienced whiplash, neck and back pain. According to a pain management re-evaluation, performed January 7, 2015, the injured worker presented with neck and low back pain rated 3-4/10. He is currently performing stretching exercises at home, going to therapy and taking medication. Examination reveals facet loading and Spurling's tests were both positive. Sensation and strength were within normal limits. There was tenderness to palpation noted over the cervical paraspinal muscles, upper trapezius muscles and lumbar paraspinal muscles. An MRI of the lumbar spine (dated 5/12/2014 report present in medical record), revealed a 2mm disc bulge at L4-L5 and L5-S1. An MRI of the cervical spine (dated 5/12/2014 report present in medical record), revealed a 1mm disc bulge at C3-C4 and C5-C6. Diagnostic impression is documented as cervicalgia; cervical facet dysfunction; lumbago and lumbar facet dysfunction. Treatment recommendations included refills of medications, continue home exercise program and urinalysis. According to utilization review dated January 27, 2015, the request for Naproxen 550mg # 60 is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Ibuprofen 800mg #30 is non-certified citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen and Ibuprofen since at least August 2014 along with Tramadol. There was no indication of Tylenol failure or need to combine 2 NSAIDs. Long-term NSAID use has renal and GI risks. The claimant only had 3-4/10 pain. Weaning of medications and determining pain response was not noted. Continued use of Naproxen is not medically necessary.

Ibuprofen 800mg #30: Upheld

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

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen and Ibuprofen since at least August 2014 along with Tramadol. There was no indication of Tylenol failure or need to combine 2 NSAIDs. Long-term NSAID use has renal and GI risks. The claimant only had 3-4/10 pain. Weaning of medications and determining pain response was not noted. Continued use of Ibuprofen is not medically necessary.