

Case Number:	CM15-0210599		
Date Assigned:	10/29/2015	Date of Injury:	08/20/2003
Decision Date:	12/11/2015	UR Denial Date:	10/06/2015
Priority:	Standard	Application Received:	10/27/2015

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: 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 injured worker is a 58 year old female who sustained an industrial injury on August 20, 2003. The worker is being treated for: spondylolisthesis rule out instability, foraminal stenosis and radiculopathy, pain in right joint lower leg knee, lumbar degeneration, lumbago. Subjective: July 24, 2015 she reported complaint of increased low back pain due to being out of medication, she stated utilizing two to three Norco daily. August 27, 2015 she reported complaint of back pain, leg pain, weakness and numbness with note of right leg becoming worse and right knee pain. Objective: August 27, 2015 noted a positive SLR bilaterally. Medication: July 24, 2015, August 31, 2015, and September 10, 2015: Anaprox, Trazodone, Flexeril, Lidoderm patches, Norco. Diagnostic: MRI lumbar spine most recent June 2015, flexion and extension radiographic study. Treatment: activity modifications, medications, physical therapy, acupuncture, epidural steroid injection times 3 last one September 2014 that helped: DME cane. On October 01, 2015 a request was made for Anaprox DS 550mg #90 that was noncertified by Utilization Review on October 06, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen - Anaprox DS 550mg, one every 12 hours, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), NSAIDs, GI symptoms & cardiovascular risk, Proton Pump Inhibitors.

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

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, there is no documentation of the efficacy of this medication with prior use. The request for Naproxen - Anaprox DS 550mg, one every 12 hours, #90 is not medically necessary.