

Case Number:	CM15-0212872		
Date Assigned:	11/02/2015	Date of Injury:	04/30/1998
Decision Date:	12/14/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/29/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 55 year old male, who sustained an industrial injury on April 30, 1998, incurring pelvis, lumbar spine and right wrist injuries. He was diagnosed with a crush injury to his pelvis, fractured pelvis, fractured left wrist, lumbar spine degenerative disc disease, lumbar radiculopathy, lumbar disc herniations, and left leg radiculopathy. He sustained punctured lungs after the accident. He underwent an emergent splenectomy. He continued with ongoing low back pain. Treatment included physical therapy, lumbar epidural steroid injection, wheeled walker for mobility, pain medications, anti-inflammatory drugs, antidepressants, anti-anxiety medications, trigger point injections, and activity restrictions and modifications. Currently, the injured worker complained of persistent low back pain radiating into both lumbar extremities. He noted continued pain of the left wrist and imaging revealed a distal radius fracture. His radicular symptoms had worsened due to ongoing pain and numbness in both feet. He rated his pain 8 out of 10 on a pain scale from 1 to 10. Treatment included a home exercise program and epidural steroid injection, pain medications, and sleep aides. The treatment plan that was requested for authorization included a prescription for Anaprox DS 500 mg #60. On October 2, 2015, a request for a prescription for Anaprox was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications, 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: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Anaprox. MTUS guidelines state that these medications are recommended at the lowest dose for the shortest period in patient with moderate to severe pain. This is noted to be a first line medication. According to the clinical documentation provided and current MTUS guidelines; Anaprox is indicated a medical necessity to the patient at this time.