

Case Number:	CM15-0032679		
Date Assigned:	02/26/2015	Date of Injury:	11/08/2007
Decision Date:	04/13/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/20/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management

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 47-year-old male, who sustained an industrial injury on 11/08/2007. The diagnoses have included residuals after right foot surgery in 2012, right lower extremity chronic regional pain syndrome, right hip pain, right inguinal pain, lumbar spinal strain, lumbar disc protrusion at L5-S1 with right foraminal stenosis, and status post bilateral elbow contusions. Noted treatments to date have included medications. Diagnostics to date have included MRI of the lumbar spine on 07/19/2014, which showed 1-2mm posterior disc bulge without evidence of canal stenosis or neural foraminal narrowing. In a progress note dated 12/10/2014, the injured worker presented with complaints of constant severe sharp stabbing neck, low back, and right hip pain. On 1/3/2015, there were objective findings of tenderness over the sacroiliac joint. A request for authorization for SI joint injection is pending. Utilization Review determination on 01/22/2015 non-certified the request for Naproxen Sodium Tablet 550mg citing Medical Treatment Utilization Schedule 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 sodium tab 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the short term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs is associated with the risk of cardiovascular, renal and gastrointestinal complications. The guidelines recommend that the lowest possible dosage of NSAIDs be utilized for the shortest possible period. The records did not show any complication associated with the use of NSAIDs. There is documentation of pain relief with functional restoration. The criteria for the use of Naproxen sodium 550mg was met.