

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0041485 | | |
| Date Assigned: | 03/11/2015 | Date of Injury: | 03/17/2002 |
| Decision Date: | 04/17/2015 | UR Denial Date: | 02/17/2015 |
| Priority: | Standard | Application Received: | 03/04/2015 |

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 61 year old male, who sustained a work related injury on 3/17/02. He stepped on a pile of materials causing him to twist his right ankle and fall to knee. The diagnoses have included post lumbar laminectomy syndrome, chronic low back pain, lumbar radiculopathy and long term use of medications. Treatments to date have included lumbar spine MRI in 2011, lumbar surgery, previous epidural injections and medications. In the PR-2 dated 2/5/15, the injured worker complains of neck and back pain. He describes the pain as pressure, sharp, burning, pins and needles sensation. He rates the pain a 3/10. He states the pain interferes with most of his daily activities. Range of motion is slightly decreased in his neck. He has right leg radiculopathy. The treatment plan is to schedule injured worker for a right transforaminal epidural injection. The nurse practitioner is requesting authorization for refills of medications including Naprelen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelen 750mg CR #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 72.

Decision rationale: Guidelines recommend use of NSAIDs at the lowest dose for the shortest period of time in patients with moderate to severe pain. Guidelines do not recommend extended release Naprelan due to delay in absorption. In this case, the patient has been taking Naprelan since May 2014 without any documented improvement in function. Thus, the request for Naprelan Tab 750 mg #30 is not medically appropriate and necessary.