

Case Number:	CM15-0042329		
Date Assigned:	03/12/2015	Date of Injury:	09/30/2004
Decision Date:	04/22/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/05/2015

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: California, Massachusetts

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 66-year-old male, who sustained an industrial injury on 9/30/2004. He reported low back pain and left lower extremity pain. He was diagnosed as having chronic low back pain status post lumbar surgery (2008), lumbar facet arthropathy, lumbar myofascial strain, left lumbar radiculopathy and lumbago. Treatment to date has included EMG electromyography) of the bilateral lower extremities, magnetic resonance imaging (MRI) of the lumbar spine, physical therapy, acupuncture, medial branch block, heat packs, and medications. Per the Primary Treating Physician's Progress Report dated 1/27/2015, the injured worker reported stabbing lower back pain with radiation into his left lower extremity with numbness radiating into his toes. His average pain is rated as 4-5/10 but can be a 6/10 with flare-ups. Physical examination revealed hypertonicity to the L4-S1 bilateral paraspinals and tenderness to palpation of the L2-S1 paraspinals. There was moderate limited lumbar extension bilaterally with mild improvement in range of motion. There was a positive facet loading test bilaterally. The plan of care included medications and follow up treatment. Authorization was requested for Naproxen Sodium, CM3-Ketoprofen, 16 physical therapy visits and hepatic and renal function laboratory tests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID, page(s) 67-73.

Decision rationale: According to CA MTUS guidelines, anti-inflammatory medications are the traditional first line treatment to reduce pain and inflammation. According to the provided medical records, there is improvement with the current dose of naproxen. While the utilization reviewer notes that NSAIDs are not recommended for long-term use, in this specific injured worker there is no report of side-effects and there are no medical issues that would contraindicate continued use of NSAIDs including heart disease or kidney disease. Considering that this medication is supported by the guidelines, current dosage is minimal at a twice a day dosing, and there is no contraindication for ongoing long-term use, I believe continued use is medically necessary at this time.

CM3-Ketoprofen 20% #30gm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic, Page 112-119.

Decision rationale: According to CA MTUS guidelines topical analgesics are largely experimental and are only indicated once first line oral agent for radicular pain such as lyrica or neurontin are shown to be ineffective and if the compounded agents are contraindicated in traditional oral route. There is nothing noted in the provided clinic record that the injured worker is unable to take a first line oral agent for his pain. Additionally any compounded product that contains at least one drug that is not recommended is not recommended. ketoprofen is not recommended as a compounded agent due to high incidence of adverse effects. Consequently, continued use of the above listed compounded agent is not medically necessary at this time.

16 physical therapy visits for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, page 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in, "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries." The MTUS guidelines allow for an initial course of up to 9-10 PT visits over 8 weeks. According to the records reviewed, the injured worker has already

undergone approximately 3 months of physical therapy with minimal relief. Based on previous results of physical therapy and recommended clinical guidelines, it appears that the requested sessions of physical therapy are not medically necessary due to limited prior efficacy and 16 sessions being outside of the treatment guidelines.

One lab for hepatic and renal function: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

Decision rationale: The UR states that, "routine periodic lab monitoring of CBC and chem profile including liver and renal function is recommended with NSAID usage". The UR did not certify hepatic and renal function test as the reviewer did not believe that continued use of NSAIDs are appropriate and as such a routine liver/hepatic lab would not be necessary. For the reasons stated above continued use of naproxyn does appear to be medically necessary as such it should be continued and a one time lab to screen for normal hepatic and renal function is medically necessary to ensure continued safe use.