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| Case Number: | CM15-0056054 | | |
| Date Assigned: | 04/01/2015 | Date of Injury: | 07/22/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/19/2015 |
| Priority: | Standard | Application Received: | 03/24/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57 year old male patient, who sustained an industrial injury on 07/22/2013. The oldest primary treating office visit provided was dated 09/04/2014 and reported subjective complaint of constant, sharp low back pain that radiates to left side. He reports having difficulty sleeping and also issues of depression and anxiety. He is diagnosed with the following: lumbar disc protrusion, lumbar muscle spasm, lumbar musculoligamentous injury, lumbar pain, lumbar radiculopathy, insomnia, sleep disturbance, and anxiety/depression. The plan of care involved pending authorization for spine surgery, continue with home exercise program, follow up, and pending acupuncture approval. The most current provided primary visit dated 02/17/2015, reported the patient having severe low back pain; symptoms the same without improvement. He started using the H-wave unit at home and seems to have given some relief of leg pain, but didn't help the low back issue. Transdermal creams noted not helping. A magnetic resonance imaging noted approved; pending testing. The following diagnoses are applied: aggravation of symptoms L5-S1 posterior disc protrusion indenting anterior portion of the thecal sac per diagnostic testing 12/10/2013, and aggravation of discogenic mechanical low back pain with annular tear. The plan of care involved prescribing Naprosyn, Prilosec, Norco, Tramadol, continue using H-wave and schedule appointment for a magnetic resonance imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg #60 x 5 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on Naproxen along with 2 opioids (Tramadol and Norco) with no improvement in pain (5-6/10) for several months. The claimant required GI prophylaxis due to NSAIDs. Continued use of Naproxen is not medically necessary.