

Case Number:	CM15-0056877		
Date Assigned:	04/01/2015	Date of Injury:	02/21/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/25/2015

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, Illinois

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 31 year old male, who sustained an industrial injury on 2/21/11. The Qualified Medical Evaluation dated 2/19/15 noted that the injured worker has complaints of persistent back spasms, stiffness and tightness. The diagnoses have included discogenic lumbar condition with three-level disc disease, nerve studies have not yet been done and element of stress, anxiety, sleep disorder and headaches. Treatment has included tramadol; naproxen and protonix; ice and heat and home stretching and strengthening as tolerated. The request was for naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS (double strength) tablets 550 mg Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Opioids Page(s): 67-68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: The injured worker sustained a work related injury on 2/21/11. The medical records provided indicate the diagnosis of discogenic lumbar condition with three-level disc disease, nerve studies have not yet been done and element of stress, anxiety, sleep disorder and headaches. Treatments have included tramadol; naproxen and protonix; ice and heat and home stretching and strengthening as tolerated. The medical records provided for review do not indicate a medical necessity for Naproxen Sodium DS (double strength) tablets 550 mg Qty 60. The records indicate the injured worker was last seen by this provider in 9/2014; the injured worker complained of back tightness, spasms and stiffness; the worker was noted to be tender in the lower back. The utilization reviewer denied the request because of inadequate information about the back pain and outcome of treatment with this medication. The MTUS recommends the use of NSAIDs as a second-line treatment after acetaminophen. The records do not indicate there has been a failed treatment with Acetaminophen; also, the pain information was not detailed. Therefore, the requested treatment is not medically necessary.