

Case Number:	CM15-0080749		
Date Assigned:	05/01/2015	Date of Injury:	10/13/2009
Decision Date:	06/01/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	04/27/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 72 year old male, who sustained an industrial injury on October 13, 2009. He reported involved in a motor vehicle rollover accident with subdural hematoma. The injured worker was diagnosed as having lumbar region sprain, lumbar disc disease, neck sprain, subdural hematoma, ankle sprain, headaches, extremity cramps, right rotator cuff rupture, anemia, cervical disc degenerative, essential hypertension, diabetes mellitus, lumbar degenerative disc disease, lumbar spinal stenosis, lumbar radiculitis, bilateral shoulder pain, and insomnia . Treatment to date has included MRIs, x-rays, acupuncture, chiropractic treatments, physical therapy, TENS, electrodiagnostic study, and medication. Currently, the injured worker complains of aching pain in the neck, bilateral shoulders, low back, and right lower extremity. The Treating Physician's report dated March 27, 2015, noted the injured worker reported that he was able to maintain all activities of daily living (ADLs) with his current medications. Physical examination was noted to show tenderness over the bilateral L4-L5 and L5-S1 lumbar paraspinals, with positive straight leg raise on the right, and sensation reduced in the right anterior leg. Positive impingement signs were noted in both shoulders, with significant tenderness at the acromioclavicular joint. The injured worker's medications were listed as Norco, Anaprox, Prilosec, Lopid, Glucosamine, Lidoderm patch, Robaxin, Amlodipine Besylate, Hydrochlorothiazide, Zinc, and Tylenol. The injured worker's Norco, Anaprox, and Prilosec were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550mg #60 is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are lumbar sprain; neck sprain; subdural hemorrhage; ankle sprain not otherwise specified; headache; cramps extremities; right rotator cuff rupture; anemia; cervical disc degeneration; essential hypertension; diabetes mellitus; degenerative disc disease lumbar; lumbar spinal stenosis; lumbar radiculitis; bilateral shoulder pain; headache secondary to old head trauma; and insomnia. The documentation shows the injured worker was using nonsteroidal anti-inflammatory as far back as April 28, 2014. At that time, the injured worker was on Naproxen 500 mg one PO b.i.d. In a progress note dated November 25, 2014, the injured worker was changed to Anaprox 550 mg one PO b.i.d. In a March 27, 2015 progress note, the injured worker had a VAS pain scale of 3-4/10 with medication and a 6-7/10 without medication. The injured worker has symptoms referable to the neck, bilateral shoulders, low back and right lower extremity. Medications have provided subjective relief of symptoms. The worker is taking Norco, Naproxen sodium and Omeprazole. Objectively, the injured worker is no acute distress. Motor strength is normal, sensation is reduced in the right anterior leg, there were no pathologic reflexes, there is tenderness over the bilateral paraspinal muscle groups, there is pain and lumbar flexion and extension with positive straight leg raising on the right. The injured worker was on Naproxen 500 mg PO b.i.d. in April 2014. The injured worker was changed to Anaprox 550 mg one PO b.i.d. in a progress note dated November 20, 2014. There is no clinical rationale in the medical record for the drug change. Additionally, nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no documentation evidencing objective functional improvement with ongoing Anaprox. There has been no attempt at weaning the nonsteroidal anti-inflammatory drug. Consequently, absent clinical documentation with objective functional improvement and persistently elevated VAS pain scales at 3-4/10 and no attempt at weaning Anaprox, Anaprox 550mg #60 is not medically necessary.