

Case Number:	CM15-0231938		
Date Assigned:	12/07/2015	Date of Injury:	04/30/1998
Decision Date:	01/19/2016	UR Denial Date:	11/05/2015
Priority:	Standard	Application Received:	11/25/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 54 year old male, who sustained an industrial injury on 4-30-98. The injured worker was being treated for status post crush injury to abdomen, perineum, pelvis, chest, left wrist and lumbar spine, lumbar herniated nucleus pulposus with bilateral lower extremity radiculopathy, left wrist internal derangement status post open reduction and internal fixation, status post splenectomy and anxiety and depression. On 9-17-15, the injured worker complains of increased pain in lower back with radiation down to bilateral lower extremities in L5-S1 distribution with continued pain left wrist. On 9-17-15 physical exam performed revealed tenderness to palpation bilaterally with increased muscle rigidity, numerous trigger points that are palpable and tender throughout the cervical paraspinal muscles and decreased range of motion with obvious muscle guarding. Treatment to date has included oral medications including Celebrex, Norco 10-325mg, Anaprox 500mg, Prilosec 20mg and Neurontin; trigger point injections, physical therapy and activity modifications. The treatment plan included request for transforaminal epidural steroid injection, trigger point injections, prescriptions for Anaprox 550mg, Prilosec 20mg, Norco 10-325mg; left wrist brace and follow up appointment. On 11-5-15 request for Anaprox 550mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: With regard to the use of NSAIDs for chronic low, back pain, the MTUS CPMTG states: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication since at least 9/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.