

Case Number:	CM14-0111888		
Date Assigned:	08/01/2014	Date of Injury:	04/06/2010
Decision Date:	09/30/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/17/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a 4/6/10 date of injury. The patient sustained an industrial injury and injured her cervical spine, right shoulder, and lumbar spine. According to a progress note dated 6/2/14, the patient continued to have ongoing pain in her neck which radiated down to her right shoulder and right upper extremity, aggravated with any type of bending, twisting, and turning. She rated her pain as 7 in intensity. Objective findings: tenderness to palpation in the posterior cervical spine musculature, trapezius, medial scapular, and sub-occipital region; multiple trigger points and taut bands palpated throughout; restricted cervical spine ROM; restricted shoulder ROM; tenderness to palpation about the lumbar paravertebral musculature and sciatic notch region. Diagnostic impression: cervical discopathy with right upper extremity radiculopathy and associated cervicogenic headaches, lumbar spine myoligamentous injury with right lower extremity radicular symptoms, medication induced gastritis, right shoulder internal derangement. Treatment to date: medication management, activity modification. A UR decision dated 6/18/14 denied the request for Anaprox DS. NSAIDs are not first-line for the management of chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request for Anaprox DS 550 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 78.

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

Decision rationale: The California MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. In the reports reviewed, there is no documentation of functional gains, significant pain reduction, or improved activities of daily living. In addition, it is documented that the patient is suffering from medication-induced gastritis. Guidelines do not support the continued use of medications in the presence of adverse effects. Therefore, the request for Prospective Request for Anaprox DS 550 Mg #60 was not medically necessary.