

Case Number:	CM14-0137316		
Date Assigned:	09/05/2014	Date of Injury:	02/28/2013
Decision Date:	10/22/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/25/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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:

The records presented for review indicate that this 58 year-old male was reportedly injured on 2/28/2013. The mechanism of injury is not noted in the provided documentation. The most recent progress note dated 1/3/2014, indicates that there are ongoing complaints of neck, low back and knee pain as well as "my acid reflux is getting really bad." Physical examination demonstrated normal reflex, sensory and power testing to bilateral upper and lower extremity; straight leg raise and bowstring are negative bilaterally; slight antalgic gait; can heel-walk in toe-walk bilaterally; positive lumbar tenderness; lumbar spine range of motion decreased by about 20%; femoral stretch negative bilaterally; and normal lower extremity pulses bilaterally. Plain radiographs of the lumbar spine dated 1/4/2013 were reportedly within normal limits. Plain radiographs of the bilateral knees dated 1/4/2013 reportedly showed degenerative joint disease. Previous treatment includes right knee surgery on 6/20/2013, left knee surgery on 1/31/2014, physical therapy, home exercise program and medications to include Ultram, Flexmid, Anaprox, Protonix and Mentherm ointment. The work status is listed as return to work on modified duty. A request had been made for retrospective Anaprox - DS 550 mg #90, which was denied in the utilization review on 8/22/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Anaprox-DS 550MG dispensed 7/18/14 Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Treatment Guidelines; NSAIDs (non-steroidal anti-infl.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): Pag.

Decision rationale: Anaprox is a non-steroidal anti-inflammatory. MTUS guidelines support NSAIDs for first-line treatment of moderate to severe pain associated with osteoarthritis. The guidelines caution against long-term use and recommend that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. Patients on long-term NSAIDs should have periodic laboratory screening tests performed to include kidney and liver function testing as well as routine blood pressure monitoring. Review of the available medical records fails to document any recent routine laboratory testing, as recommended by the guidelines. As such, it is not considered medically necessary.