

Case Number:	CM14-0151213		
Date Assigned:	10/23/2014	Date of Injury:	02/28/2013
Decision Date:	11/20/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/16/2014

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 Neurology, 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 Injured Worker (IW) is 58 year old male with a reported date of injury of 2/28/2013. There is no report of the mechanism of injury. Per the progress note from 10/17/2013, the IW is status post right knee surgery and is reporting neck pain, left knee pain, right back pain, low back pain, right wrist pain and diffuse entire body pain. The physical examination from this progress note is notable only for a slightly antalgic gait and positive lumbar tenderness. There is a reported decrease in lumbar spine range of motion (reported as a 20 percent decrease). Results from an MRI of the left knee dated 8/25/2011 are reported in this progress note as having a medial meniscus tear with severe chondromalacia of the patella. In addition to a home exercise program, the IW has been treated for several months with pain medications including Ultram, Anaprox, Cyclobenzaprine, Mentherm ointment in an addition to the use of a Proton Pump Inhibitor. A progress note from 1/03/2014 is referenced with the comment from the IW as stating "My acid reflux is getting real bad". A previous request for Anaprox DS 550 mg bid was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

APPEAL: Anaprox DS 550mg twice a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory) Page(s): 67-73. Decision based on Non-MTUS Citation ACOEM: Occupational Medicine Practice Guidelines APG I Plus, 2010, chapter Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: Per the Chronic Pain Medical Treatment Guidelines, the use of NSAID's, in this case Anaprox DS, are recommended as an option for short term symptomatic relief. The IW has reported his low back pain as part of his complaints from the initial date of injury. Since it is reported as a constant low back pain, there is really no evidence that there is an exacerbation of his pain above his baseline. The guidelines recommend the use of acetaminophen as a first line treatment of acute exacerbations of chronic pain. Since the progress notes continue to report his back pain as constant, the use of Anaprox is not justified as he been on this for several months and this cannot be considered short term by medical convention. In addition, the IW is starting to report side effects (in this case acid reflux) despite being on proton pump inhibitor therapy. The request for Anaprox DS 550 mg is not medically necessary.