

Case Number:	CM14-0151230		
Date Assigned:	09/19/2014	Date of Injury:	10/23/2005
Decision Date:	10/20/2014	UR Denial Date:	08/21/2014
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 Occupational 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 52-year-old male with a 10/23/05 date of injury. A specific mechanism of injury was not described. According to a progress report dated 5/9/14, the patient complained of pain in the neck and lower back. Objective findings: restricted cervical spine range of motion, tightness and spasm in trapezius, sternocleidomastoid, and straps muscle bilaterally, restricted lumbar spine range of motion, tightness and spasm in the lumbar paraspinal musculature noted bilaterally. Diagnostic impression: cervical strain herniated cervical disc, lumbar strain herniated lumbar disc, symptoms of anxiety, depression, and insomnia. Treatment to date: medication management, activity modification. A UR decision dated 8/21/14 denied the request for Anaprox. The patient has been taking this medication on a chronic basis, which is not consistent with evidence-based guidelines. Additionally, there is no indication that utilization of this medication has resulted in functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS

Decision rationale: CA 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 significant pain relief or functional gains from the use of this NSAID. Guidelines do not support the ongoing use of NSAID medications without documentation of functional improvement. Therefore, the request for Anaprox 550mg #240 was not medically necessary.