

Case Number:	CM14-0158730		
Date Assigned:	10/02/2014	Date of Injury:	12/08/2011
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/27/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 44-year-old female with an injury date of 12/08/2011. According to the 09/04/2014 progress report, the patient complains of having right leg pain and right lower back pain. The patient has "a 2+ tenderness to right distal quad insertion, infrapatellar tendon, adductor insertion, and TFL insertion. The patient now walks with a slight drag of the right foot whenever moving the right foot; otherwise, she has no ability to extend from a seated position with the right knee at 90 degrees". The 06/19/2014 MRI of the thoracic spine revealed minimal disk narrowing, annular bulge at T8-T9 minimally effaces the thecal sac without impinging on the cord. Multilevel mild thoracic anterior endplates spurring and disk bulge. Minimal facet/costovertebral hypertrophy. The 06/19/2014 MRI of the cervical spine revealed a small perineural cyst at the outer margin of the right C7-T1 neural foramen. The patient's diagnoses include the following: 1. Derangement of right knee. 2. Back pain, lower. 3. Lumbosacral/joint/ligament: Sprain/strain. The utilization review determination being challenged is dated 09/08/2014. Two treatment reports were provided from 09/04/2014 and 09/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic lower back pain Page(s): 22, 60.

Decision rationale: According to the 09/04/2014 progress report, the patient complains of having right leg pain and right lower back pain. The request is for naproxen 550 mg #60. The report with the request was not provided. There is no indication of when the patient began taking naproxen. MTUS Guidelines support the use of NSAIDs for chronic lower back pain as per page 22. For medication using chronic pain, MTUS Guidelines page 60 also supports documentation of pain assessment and function as related to medication use. In this case, there was no discussion provided in any of the reports in regards to how naproxen has been beneficial for the patient. Naproxen 550mg #60 is not medically necessary and appropriate.