

Case Number:	CM14-0161594		
Date Assigned:	10/07/2014	Date of Injury:	03/27/2009
Decision Date:	11/03/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/01/2014

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 and is licensed to practice in New York. 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 is a 46-year-old male who reported an injury on 03/27/2009. The mechanism of injury was not provided. Diagnoses included degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, low back pain, lumbar radiculopathy, and lumbar disc displacement. Past treatments included ice/heat application and medications. Pertinent diagnostic studies were not provided. Surgical history was not provided. The clinical note, dated 07/24/2014, indicated the injured worker complained of chronic low back pain radiating to the right lower extremity, with numbness and weakness. The physical examination revealed decreased range of motion of the lumbar and cervical spine, diminished sensation in the C5-6 dermatomes, and the right bicep reflex rated +1. Current medications included Anaprox 550 mg, Flexeril 10 mg, Prilosec 20 mg, and Norco 10/325 mg. The treatment plan included Anaprox 550 mg 1 to 2 tabs per day #60. The rationale for the treatment plan was not provided. The Request for Authorization form was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg take 1 tab two (2) times per day, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory drugs) Page(s): 67. 68. 7.

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

Decision rationale: The request for Anaprox 550mg take 1 tab two (2) times per day, #60 is not medically necessary. The California MTUS Guidelines indicate that NSAIDs are recommended for the short term symptomatic relief of chronic low back pain. The clinical note dated 07/24/2014 indicated the injured worker complained of chronic low back pain radiating to the right lower extremity. It is unclear how long the injured worker had been taking the requested medication, as well as documentation of quantified pain relief and functional improvement. As the guidelines only recommend NSAIDs for short term relief of chronic back pain, the treatment plan cannot be supported at this time. Therefore, the request for Anaprox 550mg take 1 tab two (2) times per day, #60 is not medically necessary.