

Case Number:	CM14-0177201		
Date Assigned:	10/30/2014	Date of Injury:	04/03/2014
Decision Date:	12/08/2014	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	10/27/2014

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 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 49-year-old male with a 4/3/14 date of injury. According to a progress report dated 10/6/14, the patient continued to have neck pain, with numbness on the palmar aspect of the left hand, rated as an 8/10 without the use of medications and reduced to a 4/10 with the use of his medications. Objective findings: tenderness and spasms of the paracervical muscles, tenderness over base of neck and skull. Diagnostic impression: status post C5-6 and C6-7 anterior cervical discectomy and fusion 2/13/14, C6-C7 spondylolisthesis, C5-6 and C6-7 disc degeneration, C5-6 and C6-7 stenosis, left C7 radiculopathy. Treatment to date: medication management, activity modification, surgery. A UR decision dated 10/8/14 denied the request for Anaprox. There is no documentation of objective functional benefit to support the subjective documentation from the use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS 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 present case, the patient reported that his medications decrease his pain level from an 8/10 to a 4/10. Guidelines support the ongoing use of NSAID medications with documentation of benefit and pain relief for the patient. Therefore, the request for Anaprox 550 mg, #60 was medically necessary.