

Case Number:	CM14-0182421		
Date Assigned:	11/07/2014	Date of Injury:	06/16/2014
Decision Date:	12/11/2014	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/03/2014

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, 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 34 year old male with an injury date of 06/16/14. Per the 06/16/14 report by [REDACTED], the patient presents with achy, radiating lower back pain worse on the left and worse with movement rated 10/10. Onset was abrupt and earlier on the day of the report. Examination shows left paraspinus tenderness. The patient's diagnosis is lumbar strain. The utilization review being challenged is dated 10/24/14. Two reports were provided from 06/16/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS Tablets 550 MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with achy, radiating lower back pain worse on the left and worse with movement rated 10/10. The treater requests for Naproxen sodium DS tablets 550 mg. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume,

but long-term use may not be warranted." In this case it appears, the patient has been prescribed this medication on the date of the injury. The treater states there were no prior episodes or therapy and that he will treat with NSAID, muscle relaxers and close follow up. The patient has lower back pain for which this medication is indicated and is starting this medication. The request is medically necessary.