MAXIMUS Federal Services

Case Number:	CM14-0183883		
Date Assigned:	11/10/2014	Date of Injury:	03/10/1999
Decision Date:	12/17/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/04/2014

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:

The patient is a 53-year-old male who has submitted a claim for displacement of cervical intervertebral disc without myelopathy and sprain of unspecified site of the shoulder and upper arm associated with an industrial injury date of March 10, 1999. Medical records from 2014 were reviewed, which showed that the patient complained of 1) neck pain that was worse with moving, twisting, bending, and lying on his left side, but better with medications, heat, cold and rest; 2) right shoulder pain that was sharp, constant and rated 8/10, worse with lifting, moving and lying on his right, better with medication, exercise, heat and rest; and 3) low back pain that was sharp, constant, rated 7/10, worse with bending, twisting and prolonged position, better with rest, heat, exercise and medication and which radiates to his right buttock. Physical examination revealed deep reflexes were 2+, diminished and sensation in the right fifth digit, right axilla, and medial right leg below the knee. Manual muscle testing was 5/5. There was decreased right shoulder flexion and abduction and straight leg rising was negative. Treatment to date has included surgery, physical therapy, psychological counseling and medications such as Cymbalta, Provigil, Tizanidine, Ultram, and Tylenol 1000mg. A PR-2 from 10/23/14 references use of Anaprox with bid dosing. The utilization review from October 31, 2014 modified the request for Anaprox DS #100 to Anaprox DS #60 because the guidelines do not recommend its long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2, Nonsteroidal Anti-inflammatory Drugs Page(s): 46.

Decision rationale: As stated on page 46 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It also adds that there is no evidence of long-term effectiveness for pain or function. In this case, the patient complained of pain in the neck, right shoulder and low back despite being on multiple analgesics. Because of this, he has been on Anaprox since July 8, 2014. However, despite its use, there is no adequate pain relief and no discussion of functional improvements derived from it. Long-term effectiveness is not recommended as stated above. Furthermore, the dosage was not mentioned in the request. Therefore, the request for Anaprox DS #100 is not medically necessary.