

Case Number:	CM14-0143749		
Date Assigned:	09/12/2014	Date of Injury:	01/16/2013
Decision Date:	02/10/2015	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/04/2014

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 Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 57 year old male with date of injury of 1/16/2013. A review of the medical records indicate that the patient is undergoing treatment for cervical and lumbar discogenic pain. Subjective complaints include continued pain in the neck and lower back with radiation down the both leg. Objective findings include limited range of motion of the cervical and lumbar spine with tenderness to palpation of the paravertebarals; positive straight leg raise bilaterally. Treatment has included physical therapy. The utilization review dated 8/25/2014 partially-certified Anaprox 550mg, quantity 100, with 2 refills

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg, quantity 100, with 2 refills for the management of symptoms related to the lumbar cervical spine and bilateral knee injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Cervical and Thoracic Spine, Table 2, Cervical and Thoracic Spine Disorders and Chronic Pain, Table 2 Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73. Decision based on Non-MTUS

Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (Non-Steroidal Anti-Inflammatory Drugs).

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "Recommended as an option. Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." The generally accepted dosage for Anaprox is 550mg twice a day, equally 60 tablets per month. Therefore, the request for Anaprox 550mg, quantity 100, with 2 refills is not medically necessary.