MAXIMUS Federal Services

Case Number:	CM14-0213465		
Date Assigned:	12/30/2014	Date of Injury:	08/05/2014
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year old female with an injury date on 08/05/2014. Based on the 11/10/2014 progress report provided by the treating physician, the diagnoses are:1. Lumbar strain2. Grade 1 mobile spondylolisthesis L5-S1 with bilateral L5 spondylolysis According to this report, the patient complains of pain is in the low back and she denies radiating symptoms. Examination findings show Positive lumbar tenderness. Muscle spasms noted in the paraspinal musculature. LS spine ROM decreased by 20%. Lumbar spine MRI on 09/08/2014 shows Grade 1 spondylolisthesis L5-S1. Lumbar spine x-ray on 09/15/2014 show Grade 1 mobile spondylolisthesis L5-S1 with bilateral L5 spondylolysis. The patient's work status is fully duty. The treatment plan is UDS, HEP and medication as Naproxen, Cyclobenzaprine, and Tramadol ER (Ultram). The patient's past treatment consists of UDS, MRI, X-ray and medications. Based on 10/22/2014 report, patient has moderately severe constant dull pain at left hand. The symptoms are exacerbated by use. The symptoms are lessened by rest. The utilization review denied the request for Anaprox-DS 550 mg #90 on 11/24/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 08/05/2014 to 08/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox-DS 550mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain; Anti-inflammatory medications, Chronic pain; Non-steroidal anti-inflammatory drugs.

Decision rationale: According to the 11/10/2014 report, this patient presents with low back pain. The current request is for Anaprox-DS 550 mg #90. The MTUS Guidelines page 22 reveal the following regarding NSAIDs: 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 reviewing the provided reports, this medication is first documented on 09/15/2014 report. Anaprox-DS is Naproxen. The treating physician mentions the pain is better and is 6/10 without mediations and 2-3/10 with. In this case, the treating physician has documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request is medically necessary.