

Case Number:	CM15-0012167		
Date Assigned:	01/29/2015	Date of Injury:	07/10/2013
Decision Date:	03/25/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

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: TR, California, Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 injured worker is a 28-year-old male, who sustained an industrial injury on 07/10/2013. The diagnoses have included lumbar strain, left knee strain, and left shoulder strain. Treatments to date have included physical therapy, home exercise program, psychological counseling, and medications. Diagnostics to date have included MRI of the right shoulder on 12/05/2013 which was unremarkable, MRI of the left knee on 12/05/2013 which showed minimal grade I patellar chondromalacia, and MRI of the lumbar spine on 12/06/2013 which was noted as normal. In a progress note dated 01/08/2015, the injured worker presented with complaints of right shoulder, low back, and left knee pain. The treating physician reported pain to palpation along the neck, right shoulder, low back, and left knee. Utilization Review determination on 01/15/2015 modified the request for Anaprox DS 275-550mg #100 to Anaprox DS 275-550mg #60 citing California Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 275-550mg #100: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list and adverse effects Page(s): 73.

Decision rationale: The MTUS provides a recommendation of 275-550 mg PO twice daily when prescribing Anaprox with note that the total dose may be increased to 1650 mg daily for limited periods. It is also noted that the maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. The clinical note from 12/11/14 indicates a planned prescription for Anaprox DS 275-550 mg BID as an anti-inflammatory and analgesic which is medically appropriate given the patient's history of pain and prior dyspepsia with ibuprofen. The Utilization Review indicates that the Anaprox was written for three times daily which is not reflected in the provided clinical notes, and therefore it is not assumed that the prescriber indicated an increased dosage beyond the recommendations. It is the opinion of this reviewer, therefore, that the BID dosing of Anaprox DS 275-550 mg is appropriate, and given the patient's history can be considered medically necessary. Of note, if increased dosing is requested, or the dosing schedule is changed as part of clinical decision-making, careful documentation and time limitations should be set along with a plan for close follow up and monitoring for harmful effects.