

Case Number:	CM15-0014579		
Date Assigned:	02/02/2015	Date of Injury:	12/17/2013
Decision Date:	03/30/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/26/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 46-year-old female who reported an injury on 12/17/2013, due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included physical therapy and medications. The injured worker was evaluated on 12/15/2014. It was documented that the injured worker had increasing neck and lumbar spine pain. It was documented that the injured worker's medications included Norco 10/325 mg, Anaprox 550 mg, Prilosec 20 mg and Neurontin 300 mg. The injured worker's objective findings included restricted range of motion of the cervical spine secondary to pain with decreased grip strength of the right hand when compared to the left. Evaluation of the lumbar spine documented restricted range of motion of the lumbar spine with motor strength weakness of the left lower extremity, rated at a 4/5, with decreased sensation in the L5-S1 distribution of the bilateral lower extremities. The injured worker had a positive straight leg raising test bilaterally. The injured worker's diagnoses included cervical myoligamentous injury with herniated nucleus pulposus and bilateral upper extremity radiculopathy, lumbar herniated nucleus pulposus with left lower extremity radiculopathy, possible bilateral carpal tunnel syndrome versus ulnar nerve entrapment, and medication induced gastritis. The injured worker's treatment plan included continuation of medications, physical therapy and consideration of cervical epidural steroid injections. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: The requested Anaprox DS 550mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends nonsteroidal anti-inflammatory drugs to assist in the management of chronic pain for short durations of time. The clinical documentation does indicate that the injured worker has been on this medication for an extended duration of time. The clinical documentation does not provide any evidence of significant pain relief or functional increases resulting from the use of this medication. Additionally, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Anaprox DS 550mg #60 is not medically necessary or appropriate.