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| Case Number: | CM15-0018518 | | |
| Date Assigned: | 02/06/2015 | Date of Injury: | 01/31/2011 |
| Decision Date: | 03/27/2015 | UR Denial Date: | 01/03/2015 |
| Priority: | Standard | Application Received: | 01/30/2015 |

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: Texas, Ohio, California

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 applicant is a represented 31-year-old [REDACTED] beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 31, 2011. In a utilization review report dated January 3, 2015, the claims administrator failed to approve a request for Naprosyn. The claims administrator referenced an RFA form of December 22, 2014 and associated progress note of December 11, 2014 in its determination. The applicant's attorney subsequently appealed. In a progress note dated October 1, 2014, the applicant reported persistent complaints of low back and neck pain, 6/10. Limited cervical lumbar range of motion was noted. The applicant was given prescriptions for Naprosyn, Protonix, and tramadol. Urine drug testing was endorsed. A rather proscriptive 25-pound lifting limitation was also renewed. The applicant had ancillary complaints of depression. It was not clearly stated whether the applicant was or was not working. The attending provider seemingly suggested, in a highly templated fashion, that the applicant's medications were beneficial but did not elaborate further. The attending provider did acknowledge that the applicant had diminished sitting, standing, and walking tolerance despite ongoing medication consumption. On September 9, 2014, the applicant was asked to pursue physical therapy. Naprosyn, tramadol, and Protonix were endorsed. It was suggested (but not clearly stated) that the applicant was no longer working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550mg TRADE 100S, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatme.

Decision rationale: No, the request for Anaprox (Naprosyn), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is off work. The applicant continues to report pain complaints in the 6/10 range, despite ongoing Naprosyn usage. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, and walking, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as tramadol. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20(f), despite ongoing usage of Naprosyn (Anaprox). Therefore, the request was not medically necessary.