MAXIMUS Federal Services

Case Number:	CM15-0114363		
Date Assigned:	06/22/2015	Date of Injury:	07/25/1994
Decision Date:	07/21/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/14/2015

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: Maryland
Certification(s)/Specialty: Internal Medicine, Rheumatology

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 59 year old male, who sustained an industrial injury on 07/25/1994. He reported injuring his neck and wrist, and worsened his low back condition. The injured worker is currently working. The injured worker is currently diagnosed as having history of lumbar decompression with epidural fibrosis, multilevel cervical stenosis with cord compression, and epigastric pain secondary to chronic medication use. Treatment and diagnostics to date has included physical therapy, chiropractic treatment, lumbar spine surgery, psychotherapy, and medications. In a progress note dated 05/12/2015, the injured worker presented with complaints of ongoing neck pain and stiffness and low back pain. Objective findings include tenderness to lumbar and cervical spine. The treating physician reported requesting authorization for Naproxen and Ranitidine.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen 550mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

Decision rationale: This 59 year old male has complained of low back pain, neck pain and wrist pain since date of injury 7/25/94. He has been treated with surgery, physical therapy and medications to include NSAIDS for at least 6 months duration. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 6 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not medically necessary in this patient.

1 prescription of Ranitidine 150mg #60 with 1 refill: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.drugs.com/zantac.

Decision rationale: This 59 year old male has complained of low back pain, neck pain and wrist pain since date of injury 7/25/94. He has been treated with surgery, physical therapy and medications. The current request is for Zantac. Zantac is a medication used to treat symptoms of heartburn and gastroesophageal reflux related disease. There is no documentation in the available medical records of medical rationale regarding the necessity use of this medication. On the basis of the above cited medical treatment guideline and the available provider documentation, Zantac is not medically necessary in this patient.