

Case Number:	CM15-0116791		
Date Assigned:	07/17/2015	Date of Injury:	02/28/2003
Decision Date:	08/17/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/17/2015

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: 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 57 year old male who sustained an industrial injury on 2-28-03. Diagnoses are degeneration lumbar disc(s), lumbar radiculitis, low back pain, and other chronic pain. In a progress report dated 5-19-15, the treating physician notes complaints of lower back pain with no radicular symptoms. Anaprox is minimally effective. Pain is reported as burning, dull, and sharp and rated as 5-6 out of 10 and is constant and is affecting his ability to sleep. The pain is worse with sitting longer than 10 minutes and with repetitive bending and stooping. The injured worker reports difficulty walking. Work status is that he is unable to work indefinitely, retired. A 4-20-15 progress report, notes a care plan requesting water based therapy for 12 visits for chronic pain. Previous treatment includes aqua therapy, home exercise, Norco, Soma, Vicodin, Mobic, and Nortriptyline. The requested treatment is Anaprox DS #60, with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, the injured worker stated that the prior use of Anaprox was only slightly effective. The request for Anaprox DS #60 with 3 refills is determined to not be medically necessary.