

Case Number:	CM15-0117392		
Date Assigned:	06/25/2015	Date of Injury:	08/18/2014
Decision Date:	07/24/2015	UR Denial Date:	06/02/2015
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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 48 year old male patient who sustained an industrial injury on 08/18/2014. On 02/27/2015 the patient underwent radiography study of orbits with negative findings shown. A lumbar spine magnetic resonance imaging scan done that same date of 03/09/2015 showed mild bilateral facet arthrosis with otherwise unremarkable series. The cervical spine showed C6-7 disc degeneration with minimal disc bulging creating no significant compromise. At a follow up dated 12/24/2014 current subjective complaints were low back pain. The pain also radiates into bilateral lower extremities to the knees. The patient states taking NSAID's for pain. The following diagnoses were applied: lumbar strain, sacroilitis, obesity, and diabetes. The patient is deemed permanent and stationary. The patient did undergo chiropractic care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nitizadine 150mg #60 (No refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72.

Decision rationale: There is no documentation of the rationale behind the long-term use of Nitizadine. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. The drug was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore the request is not medically necessary.