MAXIMUS Federal Services

Case Number:	CM15-0118470		
Date Assigned:	06/26/2015	Date of Injury:	07/01/2011
Decision Date:	08/24/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, Michigan
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 69 year old male, who sustained an industrial injury on July 1, 2011. The injury occurred when the injured worker was walking backwards while helping a co-worker move a bus battery and fell landing on his lumbar spine. The diagnoses have included lumbar disc bulges, sacroiliac joint pain, lumbar radiculitis, lumbar facet arthropathy, left shoulder sprain/strain and bilateral knee arthropathy. Treatment to date has included medications, radiological studies, epidural steroid injection, facet joint medial branch blocks, radiofrequency neurolysis and physical therapy. Current documentation dated May 19, 2015 notes that the injured worker reported severe lumbar spine pain with radiation to the bilateral lower extremities. Associated symptoms included pain with numbness in the bilateral anterior thighs. The pain was rated a 7 out of ten on the visual analogue scale. Examination of the lumbar spine revealed tenderness and a decreased range of motion. Lumbar orthopedic testing included a positive straight leg raise and Kemp's test. A Braggard's test was noted to be positive bilaterally. The injured worker also noted that the current medication regimen improved the pain and allowed him to do activities of daily living. Examination of the right knee revealed tenderness and a painful and decreased range of motion. Appley's and McMurray's tests were positive. The treating physician notes that the injured worker was subjectively and objectively unchanged and was not expected to be able to return to his previous employment. The treating physician's plan of care included a request for Naproxen 550 mg # 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, ninety count: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend non-steroidal anti-inflammatory drugs as an option for short- term use to reduce pain. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain. The long-term use of non-steroidal anti-inflammatory drugs is not without significant gastrointestinal, cardiovascular and renal risks. Before prescribing medications for chronic pain, the following should occur: determine the aim of the use of the medication; determine the potential benefits and adverse effects and determine the injured workers preference. Only one medication should be given at a time with interventions that are active and passive remaining unchanged at the time of the medication change. In this case, the documentation supports that the injured worker has moderate pain, it is also reported that he experienced improved pain and functionality with his current medication regimen, Naproxen appears appropriate for use in this injured worker. Therefore, the request for Naproxen 550 mg # 90 is medically necessary.