

Case Number:	CM15-0169325		
Date Assigned:	10/01/2015	Date of Injury:	08/03/2005
Decision Date:	11/10/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	08/27/2015

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, Illinois

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 52 year old male, who sustained an industrial injury on August 3, 2005. The injured worker has been diagnosed of right lumbosacral strain, right lumbosacral radiculopathy and myofascial pain. Treatment to date has included surgery, physical therapy, acupuncture, epidural injections, home exercises and medication. On July 10, 2015, the injured worker complained of increased lumbar spine pain. Physical examination revealed positive right straight leg raise and decreased range of motion of his back. On the day of exam, his current medication regimen included Flexeril, Neurontin and Motrin. Some of the handwritten progress report was illegible. On July 27, 2015, utilization review denied a request for a back brace. A request for Naproxen Sodium 550mg #100 was modified to Naproxen Sodium 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Summary.

Decision rationale: The injured worker sustained a work related injury on August 3, 2005. The injured worker has been diagnosed of right lumbosacral strain, right lumbosacral radiculopathy and myofascial pain. Treatment to date has included surgery, physical therapy, acupuncture, epidural injections, home exercises and medication. The medical records provided for review do not indicate a medical necessity for Back Brace. The MTUS does not recommend the use of back brace or corset.

Naproxen Sodium 550 MG #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: The injured worker sustained a work related injury on August 3, 2005. The injured worker has been diagnosed of right lumbosacral strain, right lumbosacral radiculopathy and myofascial pain. Treatment to date has included surgery, physical therapy, acupuncture, epidural injections, home exercises and medication. The medical records provided for review do not indicate a medical necessity for Naproxen Sodium 550 MG #100. NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS states that no one NSAID is more effective than another. The MTUS recommends that individuals on NSAIDs be monitored blood counts and chemistry profile (including liver and renal function tests). There has been a recommendation to measure liver transaminases within 4 to 8 weeks after starting therapy. The medical records indicate the injured worker has been on NSAIDs at least since 2012, against the short term recommendation by the MTUS.