

Case Number:	CM15-0071021		
Date Assigned:	04/21/2015	Date of Injury:	01/22/2015
Decision Date:	05/21/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/14/2015

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: 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 71 year old female, who sustained an industrial injury on January 22, 2015. She reported head pain and dizziness after a fall. The injured worker was diagnosed as having dizziness, head injury and concussion. Treatment to date has included follow up visits, medications, conservative care and work restrictions. Currently, the injured worker complains of head pain, fogginess and dizziness after a fall. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain and associated symptoms. She reported the dizziness occurred every few hours. Evaluation on March 26, 2015, revealed continued symptoms as noted. Medications were requested. The primary treating physician has recommended Tylenol. The consulting Neurologist did not recommend any medications. The Orthopedic clinic recommended a 3-week course of Anaprox on 3/26/15, but continued the medication on follow up 4/20/15. No improvement from its use was documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 275mg tablet Qty 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-70. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1884264/>.

Decision rationale: MTUS Guidelines recommend that NSAIDs be utilized in the minimal dose and as short a time as possible. With this individual there are extra risks with use due to the individual's age and the concurrent use of an SSRI. There is no stated rationale for its use with the heightened associated risks vs. medications (Tylenol) recommended by the primary treating physician. In addition, the Neurological specialist did not recommend NSAID medications. There is also no documented support for continued use without any associated improvement due to use. Under these circumstances, the continued use of Anaprox 275mg table #60 is not supported by Guidelines and is not medically necessary.