MAXIMUS Federal Services

Case Number:	CM15-0078529		
Date Assigned:	04/29/2015	Date of Injury:	03/01/2013
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/24/2015

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, New York, 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 applicant is a represented 23-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 1, 2013. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve a request for naproxen (Anaprox). The claims administrator referenced a RFA form received on March 26, 2015 in its determination, along with a progress note dated March 4, 2015. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported ongoing complaints of low back pain. The applicant's diabetes was poorly controlled, it was stated. The applicant did exhibit a normal gait, it was acknowledged. The applicant had ongoing complaints of radicular low back pain, the attending provider noted at the bottom of the report. The applicant was given a 10-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitations in place. Naproxen, Protonix, and Tylenol No. 3 were endorsed. The note was very difficult to follow and mingled historical issues with current issues. Medication efficacy was not explicitly discussed or detailed. On April 8, 2015, the attending provider again stated that the applicant's lumbar spine surgery had not transpired owing to the fact that the applicant's diabetes was poorly controlled. The same, unchanged, 10-pound lifting limitation was renewed. Once again, medication selection and medication efficacy were not detailed or discussed. The attending provider did suggest that the applicant was working on a progress note of September 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for naproxen (Anaprox), an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen (Anaprox) do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the attending provider's more recent progress notes of March 4, 2015 and April 8, 2015 did not clearly establish the presence of naproxen efficacy. The attending provider did not clearly state whether the applicant was or was not working with a rather proscriptive 10-pound lifting limitation in place. Ongoing usage of naproxen had failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. The attending provider did not outline any specific improvements in function or quantifiable decrements in pain effected as a result of ongoing naproxen (Anaprox) usage. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing naproxen usage. Therefore, the request was not medically necessary.