MAXIMUS Federal Services

Case Number:	CM15-0079514		
Date Assigned:	04/30/2015	Date of Injury:	11/19/2014
Decision Date:	06/11/2015	UR Denial Date:	04/13/2015
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: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 31-year-old female who sustained an industrial injury on 11/19/14. The mechanism of injury is unclear. She currently (4/1/15) complains of worsening low back pain with a pain level of 7/10. Medications are hydrocodone, which decreases pain; naproxen, which facilitates improved range of motion; cyclobenzaprine, which decreases spasms and improves exercise tolerance and range of motion. On physical exam, she exhibits tenderness on palpation of the lumbar spine with some muscle spasm. Her diagnoses include lumbar myofascial pain; sacroiliitis; coccydynia. She can perform activities of daily living such as light household duties, grocery shopping, grooming and cooking with medications. Treatments to date include transcutaneous electrical nerve stimulator unit which was effective; physical therapy. In the progress note, dated 2/13/15 the treating provider's plan of care includes a request for continued naproxen as injured worker has an additional two point average diminution in pain when using this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 dispensed on 3/6/15: Overturned

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 Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient is a 31-year-old female with an injury date of 11/19/14. The most recent medical treatment report provided is dated 4/1/14 and states that the patient presents with lower back pain with lower extremity symptoms rated 7/10. The patient's listed diagnoses include rule out lumbar intradiscal component and lumbar radiculopathy and Lumbar sprain/strain. The current request is for Naproxen 550 mg #90 dispensed on 03/06/15. The RFA is not included. The report does not state if the patient is currently working. MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The patient's medications on 03/06/15 are listed as Tramadol, Hydrocodone, Naproxen and Pantoprazole. The reports provided for review show the patient has been prescribed an NSAID since before 02/03/15 and has been prescribed Naproxen since at least 02/013/15. The requesting physician states on 04/15/15 that NSAID facilitates improved range of motion and provides a diminution of pain of 3-4 on a scale of 10. GI upset is noted with NSAID use that is controlled with use of a PPI. In this case, this medication is indicated for this patient's pain, and the treating physician states that Naproxen helps the patient's pain and range of motion. The request is medically necessary.