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| Case Number: | CM15-0090555 | | |
| Date Assigned: | 05/14/2015 | Date of Injury: | 11/23/2010 |
| Decision Date: | 06/16/2015 | UR Denial Date: | 04/23/2015 |
| Priority: | Standard | Application Received: | 05/11/2015 |

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, Indiana, New York
Certification(s)/Specialty: Internal 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 was a 55 year old female, who sustained an industrial injury, November 23, 2010. The injured worker previously received the following treatments Naproxen, topical compound creams, physical therapy lumbar spine without improvement, physical therapy for the left shoulder, home exercise program, left shoulder injection and random toxicology laboratory studies negative for any unexpected findings. The injured worker was diagnosed with cervical spine strain, lumbar strain with disc protrusion at L5-S1, mild degenerative disc disease at L4-L5, left shoulder impingement syndrome and right wrist strain. According to progress note of April 6, 2015, the injured workers chief complaint was low back pain which radiated into the left lower extremity with prolonged walking. The left lower extremity was giving way and buckling. The neck pain, left shoulder pain caused nocturnal paresthesia in the left arm. The injured worker reported the Naproxen helped decrease symptoms without side effects. The physical exam noted positive tenderness of the left sciatic notch. The S1 joints were non-tender. There was mild tenderness in the lower lumbar levels with decreased range of motion. The deep tendon reflexes of the left lower extremity noted flexion. The motors testing of the ankles and EHL were within normal limits. The left lower extremity was positive for League's on the left negative on the right. The treatment plan included a request for a lumbar spine MRI to evaluate disc pathology at L4-L5, due to increased left lower extremity pain, giving with activity and a prescription refill for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI lumbar spine w/o contrast: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, MRI.

Decision rationale: Pursuant to the Official Disability Guidelines, MRI of the lumbar spine without contrast is not medically necessary. MRIs of the test of choice in patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, it is not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended and should be reserved for a significant change in symptoms and findings suggestive of significant pathology. Indications (enumerated in the Official Disability Guidelines) for imaging include, but are not limited to, lumbar spine trauma, neurologic deficit; uncomplicated low back pain with red flag; uncomplicated low back pain prior lumbar surgery; etc. ACOEM states unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients not respond to treatment and who would consider surgery an option. See the ODG for details. In this case, the injured worker's working diagnoses are cervical strain; lumbar strain with disc protrusion L5-S1; left shoulder impingement syndrome; and right wrist strain. The date of injury was November 23, 2010. The provider's first visit took place on October 2014. The injured worker was evaluated for cervical spine, lumbar spine and left hand injuries. X-rays were performed and reviewed and were unremarkable. Naproxen 550 mg was started on the October 2014 office visit. The injured worker was again seen November 14, 2014. Physical therapy was initiated and Naproxen 550 mg refilled. The injured worker received physical therapy November 2014 through January 2015. In the most recent progress note dated April 6, 2015 (request for authorization April 17, 2015), the injured worker has subjective complaints of low back pain. Objectively, reflexes were unremarkable. There were no additional neurologic findings documented in the medical record. There were no unequivocal objective findings to identify specific nerve compromise on the neurologic evaluation sufficient to warrant imaging. Consequently, absent clinical documentation with unequivocal objective findings that identifies specific nerve compromise, MRI of the lumbar spine without contrast is not medically necessary.

Naproxen 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 500 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are cervical strain; lumbar strain with disc protrusion L5-S1; left shoulder impingement syndrome; and right wrist strain. The date of injury was November 23, 2010. The provider's first visit took place on October 2014. The injured worker was evaluated for cervical spine, lumbar spine and left hand injuries. X-rays were performed and reviewed and were unremarkable. Naproxen 550 mg was started on the October 2014 office visit. The injured worker was again seen November 14, 2014. Physical therapy was initiated and Naproxen 550 mg refilled. The documentation from April 6, 2015 progress note states the treating provider is still prescribing Naproxen (500 mg). The injured worker has continued complaints of low back pain with an unremarkable neurologic evaluation. There is no documentation demonstrating objective functional improvement. The guidelines recommend Naproxen at the lowest dose for the shortest period. There's been no attempt to wean or reduce the dose of Naprosyn. There is no documentation in the medical record why over-the-counter non-steroidal anti-inflammatory cannot be utilized. Consequently, absent compelling clinical documentation with evidence of objective functional improvement to support ongoing Naproxen, Naproxen 500 mg #60 is not medically necessary.