

Case Number:	CM15-0093213		
Date Assigned:	05/20/2015	Date of Injury:	12/19/2012
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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 57 year old male who sustained an industrial injury on 12/19/2012. Current diagnoses include degenerative lumbar/lumbosacral intervertebral disc, unspecified thoracic/lumbar neuritis/radiculitis, displaced lumbar intervertebral disc, and lumbago. Previous treatments included medication management, lumbar support, exercises, and heat. Previous diagnostic studies include an MRI of the lumbar spine dated 07/03/2013. Report dated 04/28/2015 noted that the injured worker presented with complaints that included bilateral lumbosacral pain across the midline with occasional radiation to the right leg. Pain level was 8-9 out of 10 on a visual analog scale (VAS). Medication regimen includes gabapentin, Naproxen, and Lidoderm patch. Physical examination was positive for painful range of motion in the lumbar spine, tenderness in the bilateral lumbosacral paraspinals and PSIS, and bilateral straight leg raise causes low back pain. The treatment plan included refilling Naproxen, pending authorization for physical therapy, and follow up in 8 weeks. Disputed treatments include Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500 MG Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly. Naproxen 500 MG Qty 180 is not medically necessary.