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| Case Number: | CM15-0094955 | | |
| Date Assigned: | 05/22/2015 | Date of Injury: | 03/22/2012 |
| Decision Date: | 07/01/2015 | UR Denial Date: | 05/09/2015 |
| Priority: | Standard | Application Received: | 05/19/2015 |

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, Pain Management

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 58 year old male, who sustained an industrial injury on March 22, 2012. The injured worker was diagnosed as having chronic lumbar strain/sprain, radiculopathy, degenerative joint disease (DJD), degenerative disc disease (DDD), stenosis and bulging disc and post hemi-laminectomy. Treatment to date has included is described as self-treatment with medication. A progress note dated April 20, 2015 the injured worker complains of back pain. Physical exam notes well healed mildly tender scar, tenderness on palpation of paravertebral muscles and painful decreased range of motion (ROM). There is decreased sensation of the right leg. The plan includes Tylenol #3, Protonix and Anaprox.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs Page(s): 9, 22, 67-73, 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In fact, a recent progress note from April 2015 indicates the patient is still out of work and 'self-treatment' with medication has not resulted in increased activity level. In the absence of such documentation, the currently requested Naproxen is not medically necessary.