

Case Number:	CM13-0062743		
Date Assigned:	12/30/2013	Date of Injury:	06/24/2009
Decision Date:	06/20/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/09/2013

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. The expert reviewer is Board Certified in Family Practice and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 48-year-old male who reported injury on 06/24/2009. The mechanism of injury was the injured worker's company had rented a machine which you put underground to dig dirt and the injured worker was working with it and as the injured worker was working with it a nail came off and part of the machine weighing approximately 100 pounds hit the injured worker on the head and additionally his left arm got broken as a result. The medication history included Oxycodone, Naprosyn, Flexeril, Tramadol, Omeprazole, Acetadryl, Glucosamine and Parasitin as of 04/2013. Mechanism of injury was not provided. The clinical documentation indicated the injured worker underwent a tenolysis of the flexor and extensor and a removal of uptake of the forearm with multiple screws as well as a partial osteotomy of the ulna on 05/09/2013. The injured worker underwent a wrist arthrotomy dorsally and capsulectomy in 02/2011 and an ulnar shortening in 10/2012. The documentation of 12/06/2013 revealed the injured worker had pain along the base of the long finger which appeared to be either small bones or a sustained ganglion cyst. The injured worker indicated the medications keep him functional. The pain is 8/10 to 10/10 without medications and 4/10 to 5/10 with medication use. The diagnosis include left ulnar fracture status post wrist arthrotomy dorsally and capsulectomy in 02/2011, ulnar shortening in 10/2012 and removal of hardware of the distal ulna on 05/09/2013. The treatment plan included physical therapy, Norco 10/325 mg #120 for moderate to severe pain, Naproxen Sodium 550 mg #60 for inflammation, Tramadol ER 150 mg #30 for pain, Paxil 20 mg #60 for depression and Flexeril 7.5 mg #60 for muscle spasms. The original date of request was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550 MG FOR INFLAMMATION #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific Drug List and Adverse Effects Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines NSAIDS Page(s): 67.

Decision rationale: The California MTUS Guidelines recommend NSAIDS for short term symptomatic relief of pain. It is generally recommended that the lowest dose effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goal. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation indicated the injured worker had been utilizing the medication for greater than 6 months. The clinical documentation submitted for indicated the injured worker had an objective decrease in pain. However, there was a lack of documentation of objective functional benefit that was received. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Naproxen Sodium 550 mg for inflammation #60 is not medically necessary.