

Case Number:	CM14-0000431		
Date Assigned:	01/22/2014	Date of Injury:	11/30/2004
Decision Date:	06/11/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Georgia. 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 claimant is a 31-year-old male presenting with chronic pain following a work-related injury on November 30, 2004. On December 2, 2013, the claimant presented with headaches, poor memory and angry emotions. The physical exam revealed right-sided tenderness. The claimant was diagnosed with traumatic brain injury, severe headache, and emotional liability. The claimant was prescribed Naprosyn 500mg, Depakote 250mg, and Percocet 10/325mg

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NAPROSYN 500 MG # 30:

Upheld

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

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

Decision rationale: The prospective request for one prescription of Naprosyn 500mg #30 is not medically necessary. According to the California MTUS guidelines, NSAIDS are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain so to prevent or lower the risk of complications associate with cardiovascular disease and

gastrointestinal distress. The medical records do not document the length of time the claimant has been on Naprosyn. The medication is therefore not medically necessary.

PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF PERCOCET 10/325 MG #100:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 79.

Decision rationale: The prospective request for one prescription of Percocet 10/325mg # 100 is not medically necessary. The California MTUS guidelines state that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the claimant continued to report pain. The claimant is already on an opioid medication and when weaned appropriately it is not required to wean this opioid as well; therefore the requested medication is not medically necessary.