MAXIMUS Federal Services

Case Number:	CM14-0006501		
Date Assigned:	03/03/2014	Date of Injury:	09/25/2012
Decision Date:	06/30/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/17/2014

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 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:

This is a 37-year-old patient with a September 25, 2012 date of injury. The patient sustained an injury to the right ankle. December 4, 2013 progress report indicated that the patient complained of right ankle pain at 4/10, which was achy with numbness at times, and increased pain with walking. The ankle was completely stiff. Physical exam demonstrated plantar flexion 20/40 degrees, dorsiflexion 5/10 degrees, inversion 10/30 degrees, and eversion 5/20 degrees. He was diagnosed with right ankle crush injury, status post right ankle tendinosis, pes planus. Treatment included Ibuprofen 600 mg 1 tab. as needed, # 90, and over the counter PPI. He was recommended for surgery and work restrictions with no excessive walking or prolonged standing. There is documentation of a previous December 20, 2013 adverse determination, based on the fact that there was no necessity for two concurent NSAIDs (non-steroidal anti-inflammatory drugs).

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG QTY:180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES (2009), NSAIDS, 67-73

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. The patient presented with ankle pain, with numbness. Treatment included Ibuprofen 600 mg as needed. However, the patient was already taking one NSAID, and there was no reason to add another NSAID identified in the records reviewed. In addition, there was no documentation that Naproxen would have less adverse effects than Ibuprofen. Therefore, the request for Naproxen 550 mg, 180 count, was not medically necessary or appropriate.