

Case Number:	CM14-0142411		
Date Assigned:	09/10/2014	Date of Injury:	11/20/2007
Decision Date:	11/07/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and hip pain reportedly associated with an industrial injury of November 28, 2007. In a Utilization Review Report dated August 18, 2014, the claims administrator denied requests for Naprosyn and Vicodin. The claims administrator's rationale was sparse to negligible. The claims administrator did reference an August 13, 2014 progress note in its denial. This August 13, 2014 progress note, however, does not appear to have been incorporated into the Independent Medical Review packet. In a February 28, 2014 progress note, the applicant reported persistent complaints of shoulder pain, unchanged. Vicodin and permanent work restrictions were endorsed. On February 13, 2014, the applicant was again described as unchanged. Vicodin was again apparently refilled, again with no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen topic Page(s): 7, 66.

Decision rationale: While page 66 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that Naprosyn is an NSAID indicated to relieve the signs and symptoms of osteoarthritis, as is reportedly present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the attending provider has failed to incorporate any discussion of medication efficacy into any of the progress notes referenced above. The applicant does not appear to be working with permanent limitations in place. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Naprosyn usage. Ongoing usage of Naprosyn has failed to curtail the applicant's dependence on opioid agents such as Vicodin. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, although it is acknowledged that the most recent August 13, 2014 progress note on which this article was sought was not seemingly incorporated into the Independent Medical Review packet. The information on file, however, failed to outline any clear evidence of medication efficacy with ongoing Naprosyn usage. Therefore, the request of Naprosyn 500mg #60 is not medically necessary and appropriate.

Vicodin 5/300mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant does not appear to be working with permanent limitations in place, although it is acknowledged that this may, in part, be a function of age (78) as opposed to a function of industrial injury. The attending provider has, furthermore, failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Vicodin usage. Therefore, the request of Vicodin 5/300mg #30 is not medically necessary and appropriate.