

Case Number:	CM14-0167363		
Date Assigned:	10/14/2014	Date of Injury:	10/04/2005
Decision Date:	11/17/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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 foot and ankle pain reportedly associated with an industrial injury of October 4, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; antidepressive medications; transfer of care to and from various providers in various specialties; earlier ankle ORIF surgery to address multiple fractures; subsequent ankle fusion surgery; and psychotropic medications. In a Utilization Review Report dated October 3, 2014, the claims administrator approved a request for Norco and partially approved a request for Naprosyn. The applicant's attorney subsequently appealed. In a progress note dated September 19, 2014, the applicant reported persistent complaints of foot, ankle, and heel pain, exacerbated by activities such as bending, descending stairs, lifting, standing, walking, and changing positions. 9/10 pain without medications versus 6/10 pain with medications was noted. The applicant stated that she would be bedridden without her medications. It was stated that the applicant had issues with atrial fibrillation and gastroesophageal reflux disease in the problem list section of the note. The applicant's medication list reportedly included Meclizine, Restasis, Ventolin, Losartan-Hydrochlorothiazide, Xopenex, VESicare, Epinephrine, Norvasc, Lipitor, Lasix, Dexilant, Allopurinol, Norco, and Naprosyn, it was acknowledged. Norco and Naprosyn were both renewed. The applicant was described as working full time for the State of California Employment Development Department (EDD). The attending provider posited that the applicant was up-to-date on renal and hepatic function testing and CBC testing which were reportedly completed at various points in 2013 and 2014, he stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #300: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66,73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic foot and ankle pain reportedly present here. The applicant is reportedly deriving appropriate analgesia and improved ability to perform activities of daily living, the attending provider has posited. The applicant's pain scores are appropriately reduced following introduction of Naprosyn, the attending provider has stated. The applicant's maintaining successful regular duty work status at the [REDACTED] [REDACTED] does constitute prima facie evidence of functional improvement as defined in MTUS 9792.20f through ongoing usage of Naprosyn, it is further noted. Therefore, the request is medically necessary.