

Case Number:	CM14-0172643		
Date Assigned:	10/23/2014	Date of Injury:	07/22/2010
Decision Date:	11/25/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/20/2014

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 Physical Medicine & Rehabilitation, 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 49 year-old patient sustained an injury on 7/22/10 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Naprosyn 500mg #90 with 3 refills. Diagnoses include Ankle joint pain s/p right ankle arthroscopy; L5-S1 disc bulge with mild stenosis/ facet syndrome; right shoulder compensatory bursitis; insomnia; and possible stress syndrome. Report of 8/26/14 from the provider noted the patient with persistent chronic low back pain rated at 7-8/10 with burning left leg pain with associated numbness; burning left shoulder pain rated at 5-6/10; and right ankle pain at 5-7/10. Medications list Naproxen and Norco. Exam showed antalgic gait; abnormal heel/toe walk on left; TTP at paraspinous lumbar muscles; tight hamstrings; decreased range in all planes; decreased sensation at L5 dermatome with normal DTRs and motor exam; and positive SLR; well-healed arthroscopic portals of right ankle with tenderness at anterior and lateral talofibular ligament with decreased range; and no instability. The request(s) for 1 prescription of Naprosyn 500mg #90 with 3 refills was modified to no refills on 9/24/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naprosyn 500mg #90 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory Page(s): 22.

Decision rationale: This 49 year-old patient sustained an injury on 7/22/10 while employed by [REDACTED]. Request(s) under consideration include 1 prescription of Naprosyn 500mg #90 with 3 refills. Diagnoses include Ankle joint pain s/p right ankle arthroscopy; L5-S1 disc bulge with mild stenosis/ facet syndrome; right shoulder compensatory bursitis; insomnia; and possible stress syndrome. Report of 8/26/14 from the provider noted the patient with persistent chronic low back pain rated at 7-8/10 with burning left leg pain with associated numbness; burning left shoulder pain rated at 5-6/10; and right ankle pain at 5-7/10. Medications list Naproxen and Norco. Exam showed antalgic gait; abnormal heel/toe walk on left; TTP at paraspinous lumbar muscles; tight hamstrings; decreased range in all planes; decreased sensation at L5 dermatome with normal DTRs and motor exam; and positive SLR; well-healed arthroscopic portals of right ankle with tenderness at anterior and lateral talofibular ligament with decreased range; and no instability. The request(s) for 1 prescription of Naprosyn 500mg #90 with 3 refills was modified to no refills on 9/24/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2010 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The 1 prescription of Naprosyn 500mg #90 with 3 refills is not medically necessary and appropriate.