

Case Number:	CM14-0037073		
Date Assigned:	06/25/2014	Date of Injury:	02/09/2013
Decision Date:	07/23/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/27/2014

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 and Pain Medicine is licensed to practice in Florida. 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 injured worker is a 36-year-old male with a reported date of injury on 02/09/2013. The mechanism of injury reportedly occurred when the worker lost his footing and fell approximately 20 feet to the ground while performing duties as a roofer. The injured worker presented with left-sided shoulder pain and left chest wall pain. The chest x-ray dated 02/09/2013 revealed left clavicle fracture. The head CT on the same date demonstrated no intracranial hemorrhage or fracture. The CT of the chest, abdomen, and pelvis demonstrated bilateral 1st rib fractures. At time of injury, the injured worker presented hypertensive and tachycardic; the injured worker indicated that there was a history of hypertension and palpitations. An EKG demonstrated sinus tachycardia. Upon physical examination, the injured worker rated his pain at 7/10. Upon physical examination, the injured worker's cervical spine range of motion revealed flexion to 50 degrees, extension to 20 degrees, right tilt to 20 degrees, left tilt to 35 degrees, right rotation to 20 degrees, and left rotation to 30 degrees. The injured worker's left shoulder range of motion revealed extension to 50 degrees, abduction to 40 degrees, flexion to 139 degrees, internal rotation to 40 degrees, external rotation to 80 degrees, and adduction to 50 degrees. The injured worker's right shoulder range of motion presented within normal limits. The injured worker's lumbar spine range of motion revealed flexion to 40 degrees and extension to 10 degrees. Lateral bending was 30 degrees to the right and 20 degrees to the left. The injured worker's diagnoses included left clavicle fracture, multiple rib fractures, left shoulder decompression, cervical spine strain, and lumbar spine strain. The injured worker's medication regimen included Norco, Medrox ointment, naproxen, and Fexmid. The Request for Authorization for naproxen sodium 550 mg was not submitted. The rationale for the request was not provided within the documentation available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, Hypertension & Renal Function Page(s): 67, 69.

Decision rationale: The California MTUS Guidelines state that NSAIDs can increase blood pressure by an average of 5 mm to 6 mm in patients with hypertension. NSAIDs may cause fluid retention, edema, and rarely, congestive heart failure. The California MTUS Guidelines state NSAIDs are recommended with caution. All NSAIDs have associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. Additionally, the guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, in particular, for those with gastrointestinal, cardiovascular, or renovascular risk factors. The clinical documentation provided for review indicates that the injured worker has a history of hypertension. There is a lack of documentation related to the monitoring of the injured worker's hypertension. In addition, the clinical information indicates the injured worker has been utilizing naproxen prior to 05/2013. There is a lack of documentation related to the injured worker's functional deficits and the therapeutic and functional benefit related to the long term utilization of naproxen. In addition, the guidelines recommend NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain, in particular, for those injured workers with cardiovascular risk factors. In addition, the request as submitted failed to provide a frequency and directions for use. Therefore, the request for Naproxen Sodium 550MG is non-certified.