MAXIMUS Federal Services

Case Number:	CM14-0047462		
Date Assigned:	07/02/2014	Date of Injury:	08/07/2013
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/15/2014

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:

This is a 52-year-old male with a 8/7/13 date of injury. The injury occurred while he was pulling on a winch rope. He fell back and landed on his right wrist behind his body and has severe pain and swelling. According to a progress report dated 3/17/14, the patient complained of right had and wrist pain and paresthesias. He was having good results with omeprazole and diclofenac. Objective findings: no erythema or swelling of the right wrist, no hyperesthesia or allodynia of the right wrist, right grip strength 4+/5. Diagnostic impression: wrist injury, fracture status post surgery with hardware August 2013, pain in joint and wrist. Treatment to date: medication management, activity modification, surgery. A UR decision dated 3/25/14 denied the request for Naprosyn. The patient was treated with Naprosyn since at least 2/15/14 and noted that he had gastrointestinal irritation. Despite medications, the patient reported continued ongoing pain and paresthesia. Guidelines do not recommend long-term use of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Unknown prescription for Naprosyn: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDSs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS 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. According to a 3/1/14 progress note, it is documented that the patient was taking Naprosyn and Neurontin. The patient stated that he was having GI irritation from his medications. He complained of ongoing pain and paresthesias in his right hand and wrist. Guidelines do not support NSAIDs in patients with side effects from the medication and lack of functional improvement. In addition, it is documented in a 3/17/14 that the patient is no longer on Naprosyn, and is now on Diclofenac. It is unclear why the physician is requesting Naprosyn at this time. Furthermore, the strength and quantity of the medication were not identified in this request. Therefore, the request for Unknown prescription for Naprosyn was not medically necessary.