MAXIMUS Federal Services

Case Number:	CM14-0048456		
Date Assigned:	07/07/2014	Date of Injury:	09/18/2013
Decision Date:	08/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/16/2014

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 61-year-old male patient with a date of injury of 9/18/13. The mechanism of injury occurred when he was walking backward, he fell into a hole and fell backwards landing on his bilateral elbows and low back. His left knee was also injured as it twisted falling into the hole. On 1/17/14, he complained of bilateral elbow pain, low back pain affecting the lower extremities and significant pain in the left knee. He stated he found the combination of Norco and Naprosyn beneficial for pain control but had complaints of dyspepsia. On 2/17/14, he stated he found relief of the dyspepsia with the use of omeprazole. On exam he had bilateral lumbar paraspinous tenderness and restricted range of motion. His left knee had tenderness and restricted range of motion. The diagnostic impression is lumbar spine/strain with bilateral lower extremity radicular symptoms and lef knee sprain/strain.Treatment to date: physical therapy, medication managementA UR decision dated 4/4/14 denied the request for Naprosyn 550mg #60 because it was noted that the patient had dyspepsia and minimal functional improvement with Naprosyn. In addition, a peer review was performed on 2/14/14, and it was recommended that the Naprosyn be non-certified, and stopped rather than providing omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg 2x a day #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, page 67 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. The patient has had functional improvement with Norco and Naprosyn, rating his pain at 6/10 with medications and 10/10 without. Although he has experienced dyspepsia, he stated the omeprazole has helped relieve his symptoms. Therefore, the request for Naprosyn 550mg 2 x a day #60 is medically necessary.