

Case Number:	CM14-0064092		
Date Assigned:	07/11/2014	Date of Injury:	07/29/2012
Decision Date:	09/15/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/06/2014

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 Orthopedic Surgery 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 case involves a 40 year old female with a date of injury of 07/29/12 due to a slip and fall accident. She was walking into the freezer at work when she slipped landing on her buttock in a sitting position. A progress report dated 5/6/14 was provided, however it was handwritten and illegible. According to a report dated 4/21/14, the patient was seen for a final report for internal medicine disorders. Objective findings had no abnormal findings and diagnostic impression included gastritis and obesity. Treatment to date includes medication management and activity modification. The UR decision dated 4/22/14 denied the request for Naproxen. The injured worker has gastroesophageal reflux disease, which is a relative contraindication to using non-steroidal anti-inflammatory drugs (NSAIDs).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium DS 550 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatories Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDS.

Decision rationale: CA MTUS states that non-steroidal anti-inflammatory drugs (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, Official Disability Guidelines (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. It is documented in the report dated 4/21/14, that the patient has been having problems since she has been on Naprosyn. She was having acid reflux, bloating, pain, gas, and abdominal pain. Guidelines do not support the continued use of NSAIDS in the presence of adverse effects. In addition, there is no documentation that Naproxen is offering the patient pain relief or improved activities of daily living. Furthermore, the quantity of the medication requested was not noted. Therefore, the request for Naproxen Sodium DS 550 MG was not medically necessary.