

Case Number:	CM14-0084306		
Date Assigned:	07/21/2014	Date of Injury:	02/11/2013
Decision Date:	09/17/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/06/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Ohio. 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 57-year-old male who reported an injury on 02/11/2013, secondary to a motor vehicle accident. The latest physician progress report submitted for this review is documented on 02/13/2014. It is noted that the injured worker has been previously treated with physical therapy and cortisone injections into the left hip. The current medication regimen includes Ibuprofen 600 mg and Hydrochlorothiazide 50 mg. Current diagnoses include injury to the right ankle and left hip area, previous history of lumbar laminectomy, and no clinical evidence of nerve entrapment pathology. Physical examination on that date revealed tenderness over the left hip, tenderness over the right ankle, mild dysesthesia in the bilateral feet, positive lumbosacral tenderness, positive straight leg raising bilaterally, decreased spine mobility, normal muscle strength and tone, and mild dysesthesia. It is noted that the injured worker underwent electrodiagnostic studies of the bilateral lower extremities, which did not reveal any evidence of nerve entrapment pathology. It was determined that the injured worker was not currently permanent and stationary. Future medical treatment was deferred at that time. There was no request for authorization submitted on the requesting date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg # 60 (with 3 refills): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Osteoarthritis(Including knee and hip).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. There was no physician progress report or request for authorization form submitted on the requesting date. Therefore, the medical necessity for the requested medication has not been established. There is no documentation of an acute exacerbation of chronic pain. There is also no frequency listed in the current request. California MTUS Guidelines do not recommend long-term use of NSAIDs. Therefore, the current request for Naprosyn 500mg # 60 (with 3 refills) cannot be determined as medically appropriate. As such, the request is not medically necessary.