MAXIMUS Federal Services

Case Number:	CM14-0141306		
Date Assigned:	09/10/2014	Date of Injury:	01/29/2012
Decision Date:	01/23/2015	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/02/2014

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, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 30 year old woman sustained an industrial injury on 1/29/2012 after a slip and fall during which she landed on her back with her hands impacting the floor. She then re-injured her back at work in 2012. Diagnoses include chronic bilateral carpal tunnel, bilateral wrist sprain/strain, lumbar sprain/strain, and multiple lumbar disc bulges. Treatment has included home exercise program, wrist splinting, back brace, and oral medications. No current list of medications noted. On 09/09/2014, it indicates that she is taking for pain and insulin. Pain management specialist notes from 9/9/2014 state complaints of pain top the low back and left lower extremity with decreasing effects of her current medication regimen and the worker is requesting something stronger. However, her current medications are not specified. Recommendations include lumbar epidural steroid injection was requested to the left L4-L5 and L5-S1 levels and the initiation of Norco. There are no other physician notes available. The Request for Authorization form was not submitted for review. On 7/24/2014, Utilization Review evaluated a prescription for retrospective Naproxen 550 mg #90 DOS 7/17/14. The UR physician noted that there was no documentation of how the worker meets criteria for this medication, the quantity dispensed, frequency or dosage, or if this medication assisted the worker to reach functional improvement. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for-Naproxen 550 mg #90, date of service (DOS) 7/17/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Naproxen Page(s): 22, 66.

Decision rationale: The request for Naproxen 550 mg #90, date of service 07/17/2014 is not medically necessary. The California MTUS indicates that Naproxen is a non-steroidal anti-inflammatory medication that is used for the relief of signs and symptoms of osteoarthritis. NSAIDs can be used in the treatment to reduce pain so activity and functional restoration can resume, though its long term use is not warranted. As the injured worker did indicate pain to her lower back, there is no verifiable documentation with quantifiable ratings of pain prior to use of medication and after use for efficacy. Additionally, there was no documentation to indicate any side effects or symptoms in relation to the medication. Furthermore, the request as stated does not give the frequency of use. As such, the request is not medically necessary.