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| Case Number: | CM14-0186982 | | |
| Date Assigned: | 11/17/2014 | Date of Injury: | 08/22/2014 |
| Decision Date: | 01/05/2015 | UR Denial Date: | 10/15/2014 |
| Priority: | Standard | Application Received: | 11/10/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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 35 year old male sustained an industrial related injury on 08/22/2014. The results of the injury included a left shoulder/upper extremity injury and right ankle injury. The injured worker was diagnosed with injuries to the left shoulder and left ankle with internal derangement - rule out rotator cuff tear, sprain of the right ankle with internal derangement, and numbness and weakness of the left arm, most likely due to brachial plexus injury. Current complaints included constant left shoulder pain (varying from 7-9/10 on pain scale without medications), inability to move left shoulder, constant right ankle pain (varying from 6-8/10 on pain scale without medications), constant pain and numbness in the left arm with progressing weakness, and difficulty sleeping due to pain. Treatment to date has included oral medications, walking boot for the right ankle. Diagnostic testing has included x-rays (unknown date) which revealed no acute fractures from the incident. According to the primary treating physician's exam, dated 09/25/2014, cervical range of motion (ROM) was noted as: flexion 50, extension 40, right lateral flexion 35, left lateral flexion 35, right rotation 80, and left rotation 80. Shoulder ROM bilaterally was noted as: flexion - right 180, left 180; extension - right 50, left 20; abduction - right 180, left 80; adduction - right 50, left 30; internal rotation - right 90 degrees, left 10; and external rotation 90, left 20. Arm drop and apprehension tests were negative. A shoulder impingement test was positive on the left shoulder. ROM for the ankles was noted as: plantar flexion - right 30, left 75; dorsiflexion - right 0, left 15; inversion - right 10, left 40; and eversion - right 0, left 10. Waddell's signs were negative. The injured worker was noted to demonstrate a limp in gait and unable to perform heel-toe gait. There was also a noted decreased in sensation to fine touch and pinprick in the lateral aspect of the left arm and shoulder. Grip strength was decreased in the left hand at 4+/5, and upper extremity motor power could not be tested due to severe pain in the left shoulder. The injured worker's pain was increased, and activities of daily

living were impacted by the severity of pain and constant feeling of pain. Functional deficits were unchanged. Work status was noted to be temporarily totally disabled. Dependency on medical care was increased. On 10/15/2014, Utilization Review non-certified a prescription for Naproxen 550 mg tablet, 1 tablet every 8 hours (#90) 30 day supply which were requested on 09/25/2014. The Naproxen was non-certified based on exceeding the recommended maximum daily doses. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, 1 tablet Q8H, 90 tabs for 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs)

Decision rationale: MTUS recommends NSAIDs for osteoarthritis "at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy." MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, "Recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis." There is no documentation showing a failure of acetaminophen. Additionally, 550mg three times per day (1.6 grams/day) is far above the "lowest dose". Therefore, the request for Naproxyn is not medically necessary.