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| Case Number: | CM14-0191014 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 12/10/2013 |
| Decision Date: | 01/13/2015 | UR Denial Date: | 10/21/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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 Family Medicine and is licensed to practice in Florida. 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 patient is an adult male with a date of injury of 12/10/2013. The mechanism of injury is described as falling off a roof. He suffered a compound fracture of his right distal humerus and subsequently underwent an ORIF (Open Reduction and Internal Fixation) with resection of the olecranon and biceps tendon repair. Prior treatment has also included extensive physical therapy with over 20 sessions completed. He has also been treated with medications, including chronic NSAIDS (Nonsteroidal Anti-inflammatories) and Narcotics. A 10/9/2014 progress note noted in the physical exam an antalgic gait favoring his right lower extremity, and markedly asymmetric posture. Also, significant olecranon tenderness without ability to extend the elbow was noted. The utilization review physician did not certify a request for Naproxen. Therefore, an Independent Medical Review was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Naproxen Sodium 550mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64,102-105,66.

Decision rationale: In accordance with California MTUS guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. These guidelines state, "A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics." The MTUS guidelines do not recommend chronic use of NSAIDs due to the potential for adverse side effects. Likewise, this request for Naproxen is not medically necessary.