

<b>Case Number:</b>	CM15-0002807		
<b>Date Assigned:</b>	01/13/2015	<b>Date of Injury:</b>	08/25/2004
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43-year-old female who reported an injury on 08/25/2004. The mechanism of injury was not specifically stated. The current diagnoses include prior talonavicular arthrodesis with residual pain, degenerative joint disease of the left foot, dorsal exostosis of the MC joint on the left, and painful prominent hardware. The injured worker presented on 08/19/2014 with complaints of persistent pain rated 8/10. Upon examination, there was painful ankle joint range of motion; restricted and painful subtalar joint range of motion; increased tenderness noted at the calcaneocuboid joint; tenderness with applied manipulation and range of motion; tenderness at the medial and lateral aspect of the subtalar joint; tenderness at the dorsal aspect of the naviculocuneiform joint; and prominent hardware, tender to palpation. Recommendations at that time included an injection of the left sinus tarsi/subtalar joint, and a prescription for naproxen sodium 550 mg. A Request for Authorization form was then submitted on 08/19/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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. According to the documentation provided, the injured worker has a history of GI upset with the use of naproxen. The injured worker also has a history of ulcers. Therefore, the naproxen is not medically appropriate in this case. Additionally, there was no frequency listed in the above request. Therefore, the request is not medically appropriate.

**Follow up as needed with podiatrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 80, 92, 374.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 14 Ankle and Foot Complaints Page(s): 372.

**Decision rationale:** California MTUS/ACOEM Practice Guidelines state physician followup is appropriate when a release to modified, increased, or full duty work is needed; or after appreciable healing or recovery is expected. The current request for a followup visit on an as needed basis is not medically appropriate, as the approval of such request would allow for unlimited followup visits. Given the above, the request is not medically necessary.