

Case Number:	CM15-0163688		
Date Assigned:	08/31/2015	Date of Injury:	01/16/2013
Decision Date:	10/06/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 43-year-old who has filed a claim for chronic shoulder, wrist, and forearm pain with derivative complaints of insomnia, anxiety, and depression reportedly associated with an industrial injury of January 26, 2013. In a Utilization Review report dated July 24, 2015, the claims administrator failed to approve a request for naproxen. An RFA form received on July 17, 2015 was referenced in the determination. Progress notes of June 16, 2015 and July 1, 2015 were also cited. The applicant's attorney subsequently appealed. On August 10, 2015, the applicant reported ongoing complaints of shoulder pain, 7/10. The applicant was unable to cook, do laundry, garden, and/or shop. The applicant was able to bathe and dress himself, it was reported. The applicant was using a cane to move about. The applicant's medications were "not working" at all. Neither Norco nor naproxen was helping; it was stated toward the top of the note. In the middle of the note, it was stated that the applicant was using Percocet and naproxen for pain relief. At the end of the note, Percocet was endorsed. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. In a July 1, 2015 progress note, the applicant was placed off of work, on total temporary disability, through August 1, 2015. The applicant was asked to obtain a medical marijuana card to continue usage of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22, 67-68.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

Decision rationale: No, the request for naproxen, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, it was reported on July 1, 2015. 9/10 pain complaints were reported on that date. The applicant explicitly stated August 3, 2015 that naproxen, i.e., the article at issue "does not help." Ongoing usage of naproxen failed to curtail the applicant's dependence on opioid agents such as Percocet and Norco and/or illicit substances such as marijuana. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.