

Case Number:	CM15-0164414		
Date Assigned:	09/01/2015	Date of Injury:	04/15/2013
Decision Date:	10/05/2015	UR Denial Date:	07/24/2015
Priority:	Standard	Application Received:	08/21/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 injured worker is a 54-year-old male, who sustained an industrial injury on 04-15-2013 secondary to a slip and fall resulting in right leg injury. On provider visit dated 07-08-2015 the injured worker has reported chronic right leg pain. On examination, the location of pain was noted as knee right and ankle, described as aching, dull, stabbing, and intermittent. The injured worker was noted to be able to perform activity of daily living with minimal assistance with the exception of yard work. The diagnoses have included chronic pain, strain of tendon of foot and ankle and tear of meniscus of knee. Treatment to date has included physical therapy, surgical interventions, TENS unit, injections and medication. The provider requested Naproxen 500mg #60 with 5 refills (prescribed 07/08/2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60 with 5 refills (prescribed 07/08/2015): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

Decision rationale: The request for NSAIDs is warranted for this patient's condition. However, the requested prescription of Naproxen is a duplicate prescription as the patient was authorized Naproxen 500 mg #60 with 5 refills 2 months prior. The request for Naproxen 500 mg #60 with 5 refills is not medically appropriate and necessary.