MAXIMUS Federal Services

Case Number:	CM15-0182578		
Date Assigned:	09/23/2015	Date of Injury:	03/20/2013
Decision Date:	10/28/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/16/2015

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: Connecticut, California, Virginia
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 injured worker is a 39-year-old male who sustained an industrial injury on 3-20-13. Diagnoses include lesion of the ulnar nerve; wrist sprain, strain; anxiety; depression; right and left wrist, hand sprain, strain; right shoulder sprain, strain, partial rotator cuff tear; status post left shoulder scope arthroscopic surgery; right elbow cubital tunnel syndrome, medial, lateral epicondylitis; status post left elbow epicondylectomy, cubital tunnel release. He currently (8-26-15) complains of improved but persistent intermittent right elbow numbness with a burning pain when he tries to stretch it; numbness, tingling and pain in the fourth and fifth fingers up to the armpit; persistent, constant right wrist pain. On physical exam, the right elbow reveals mild swelling with tenderness; right wrist, hand reveals mild swelling of the wrist, mild dorsal wrist tenderness, and decreased range of motion. Diagnostics include MRI left wrist (1-24-15) showing ganglion cyst; MRI of the right wrist (1-24-15) showing cyst. Treatments to date include acupuncture; left cubital release (5-22-14); injections; physical therapy; ulnar nerve release right elbow, ganglion cyst excision right wrist (6-8-15); physical therapy; compression sleeve; medications: acetaminophen-codeine #3; Lyrica, Tylenol. The injured worker has been on Naprosyn since at least 5-6-13 (per 6-25-15 note). In the progress note dated 8-26-15 the treating provider's plan of care included requests for Naprosyn 500mg #60 with 3 refills and ranitidine 150mg #60 with 3 refills. The request for authorization dated 8-28-15 was for Naprosyn 500mg #60 with 3 refills and ranitidine 150mg #60 with 3 refills. On 9-9-15 Utilization Review evaluated and non-certified the requests for Naprosyn 500mg #60 with three refills modifying it to Naprosyn 500mg #60 with no refills based on guideline recommendation

for short periods of treatment and as such the three additional refills are not indicated; ranitidine 150mg #60 with three refills non-certified based on no documented gastrointestinal issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 w/3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

Decision rationale: In considering the use of NSAIDs, according to the MTUS, it is recommended that the lowest dose for the shortest period be used in patients with moderate to severe pain. Per the MTUS, 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. The main concern for drug selection is based on risk of adverse effects. In this case, given that the provided documents do not provide evidence of substantial functional improvement on Naprosyn, and in light of the chronic nature of the treatment, the risk of continued use may outweigh the benefit and therefore the treatment with multiple refills is not considered medically necessary.

Ranitidine 150mg #60 w/3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: The MTUS states that clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors. In this case, the patient has been on Naprosyn for quite a long time (two years), and it is unclear as to the added clinical value of Naprosyn at this time. The initial request for ranitidine with three refills was excessive and indicates that close follow up is not a concern; if GI concerns in a chronic NSAID user is considered a risk, close monitoring to ensure acceptable risk/benefit is important. Therefore, the request with three refills is not considered medically necessary.