

Case Number:	CM15-0187810		
Date Assigned:	09/29/2015	Date of Injury:	08/02/2013
Decision Date:	11/12/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	09/24/2015

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

Certification(s)/Specialty: Internal 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 29 year old male who sustained an industrial injury on 8-2-13 when he fell and injured his right ankle. The medical records indicate that the injured worker was being treated for right ankle fracture, status post open reduction internal fixation of the right ankle (2013); status post removal of syndesmotomic screws, right ankle (4-3-14). He currently (6-15-15) complains of burning, achy right ankle pain worse in the morning and improved with naproxen and Tylenol. On physical exam of the right ankle there was mild diffuse tenderness to palpation with full motion. His pain level was 7 out of 10 per the 4-8-15 note and pain level was 6 out of 10 on 3-5-15. It was noted that pain interferes with activities and the injured worker limits his activities to prevent increased pain; interferes with relationships; interferes with household tasks and hygiene. He has been on naproxen since at least 7-7-14. Diagnostics included x-rays of the right ankle showing healed fracture with no retained hardware. Treatments to date include functional capacity evaluation; open reduction internal fixation for distal fibula fracture; hardware removal; physical therapy ending in 2014; medications: (current) naproxen, Tylenol, (past) topiramate, gabapentin; transcutaneous electrical nerve stimulator unit with benefit; paraffin baths. The request for authorization dated 6-1-15 was for naproxen 550mg #60. On 9-4-15, Utilization Review, non-certified the request for naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg tablet #60: 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). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic): Naproxen & Anti-inflammatory medications.

Decision rationale: Based on ODG guidelines, anti-inflammatories such as Naproxen are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in acute and chronic LBP, of muscle relaxants in acute LBP, and of antidepressants in chronic LBP. Based on MTUS guidelines, nonsteroidal antiinflammatory medications are recommended at the lowest dose for the shortest period in patients with moderate to severe pain from osteoarthritis of the hip and knee. For acute exacerbations of chronic low back pain, they again are recommended for a short duration. For chronic low back pain they are recommended as an option for short-term symptomatic relief. This patient has been on Naproxen for over one year and this far exceeds the MTUS/ODG guidelines for use of NSAIDs. Therefore, based on the information in this case and review of the guidelines, the request for Naproxen Sodium 550 mg tablet #60 is not medically necessary.