

Case Number:	CM15-0197731		
Date Assigned:	10/13/2015	Date of Injury:	02/27/2007
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina

Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on February 27, 2007. He reported injuries to his head, left ankle, pelvis, lungs, right kidney and ribcage. The injured worker was currently diagnosed as having history of post traumatic headache, status post fracture of the lumbar spine transverse processes, status post open pelvic diastatic fracture, status post fracture dislocation of the left ankle, status post liver and kidney contusions and status post collapsed lung. Treatment to date has included diagnostic studies, surgery, medication and post-operative therapy with benefit. On January 8, 2015, notes stated that the injured worker chooses to take no medications, secondary to "he doesn't like the way they make him feel." On February 19, 2015, Tramadol, Naproxen and Omeprazole medications were prescribed to the injured worker. On August 20, 2015, the injured worker complained of pelvis pain that can radiate into the groin area and into his low back. The pain was rated as a 1 on a 0-10 pain scale. He reported left ankle pain rated a 0 on the pain scale. His left ankle pain increases to a 3 on the pain scale mostly when he takes off his shoes. Physical examination of the left ankle showed no edema, erythema or bony deformity. He was noted to currently be working without restrictions. The treatment plan included refills of Tramadol, refills of Naproxen and follow-up on an as needed basis. On September 9, 2015, utilization review modified a request for Naproxen 550mg #60 with five refills to Naproxen 550mg #20 with no refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg Qty 60 with 5 refills, 1 tab 2 times daily as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The California chronic pain medical treatment guidelines section on NSAID therapy states: Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 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. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxen being the safest drug). There is no evidence of long-term effectiveness for pain or function. (Chen, 2008) This medication is recommended for the shortest period of time and at the lowest dose possible. The dosing of this medication is within the California MTUS guideline recommendations. The definition of shortest period possible is not clearly defined in the California MTUS. The request however includes 5 refills. The continued use of this medication without clear objective benefits versus the long-term risks makes the request not medically necessary.