

Case Number:	CM15-0200850		
Date Assigned:	10/15/2015	Date of Injury:	08/02/2015
Decision Date:	11/24/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/13/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old male who sustained an industrial injury on 8-2-15. The injured worker reported headaches. A review of the medical records indicates that the injured worker is undergoing treatments for post intracranial hemorrhage with uncontrolled headaches. Medical records dated 9-22-15 indicate the injured worker "has been having headaches almost every day, impaired concentration and forgetfulness." Provider documentation dated 9-22-15 noted the work status as temporary totally disabled until 10-1-15. Treatment has included Keppra, Norco, Wellbutrin, Naproxen, radiographic studies, computed tomography, magnetic resonance imaging, echocardiogram, angiogram, physical therapy, status post subarachnoid hemorrhage and status post cardiac pacemaker. Objective findings dated 9-22-15 were notable for unable to perform tandem gait with closed eyes, range of motion grossly within normal limits. The original utilization review (10-1-15) denied a request for Naproxen 550mg #90 DOS 9-22-15 DS: 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90 DOS 9-22-15 DS: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 09/08/15) Online Version.

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

Decision rationale: The claimant sustained a work injury on 08/02/15 when, while working as a truck driver and loading his trailer, he had a syncopal episode likely due to hypoglycemia and sustained an intracranial hemorrhage and multiple contusions. He has a history of a gastric bypass. A pacemaker was placed on 08/05/15 for bradycardia. When seen, he was having headaches almost every day. He had complaints of impaired concentration and forgetfulness. He was unable to sleep and had feelings of depression. Medications were providing pain relief. Physical examination findings were decreased tandem gait with his eyes closed. Medications were continued and included naproxen 550 mg every eight hours. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing of 1650 mg per day is in excess of guideline recommendations. The claimant has a history of a gastric bypass and non-steroidal anti-inflammatory medications should be avoided. The request cannot be accepted as being medically necessary.