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| Case Number: | CM15-0206489 | | |
| Date Assigned: | 10/23/2015 | Date of Injury: | 10/08/2014 |
| Decision Date: | 12/09/2015 | UR Denial Date: | 10/12/2015 |
| Priority: | Standard | Application Received: | 10/21/2015 |

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: California

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 68 [REDACTED] year old female, who sustained an industrial injury on 10-08-2014. The injured worker is being treated for history of right inguinal hernia and status post repair of direct and indirect inguinal hernias with reinforcement of Hesselbach's triangle with mesh (8-05-2015) Treatment to date has included surgical intervention and medications. Per the Secondary Treating Physician's Follow-up Report dated 9-29-2015, the injured worker presented for follow-up. She reported some episodic burning involving the right groin with electrical shock sensations with prolonged ambulation, especially with climbing and bending at the waist. The sensations are isolated to the right groin. Medications include acetaminophen and ibuprofen. Objective findings included mild tenderness with vigorous palpation in the right inguinal region. There are very mild dysesthesias involving the upper medial aspect of the right thigh. The notes from the provider do not document efficacy of the prescribed medications. Work status was deferred to the PCP. The plan of care included, and authorization was requested for Neurontin 600mg #60 and Naprosyn 500mg #60. On 10-12-2015, Utilization Review non-certified the request for Naprosyn 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg 1 twice a day (BID) #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As per MTUS chronic pain guidelines, NSAIDs are recommended for short term pain relief. It is not recommended for long-term use for patients with high blood pressure or cardiac risk factors due to increased risk for worsening cardiovascular problems. Patient has been on NSAIDs including ibuprofen for several months. Due to age above 65, there is an increase risk of continued NSAID use. Chronic use of NSAIDs is not indication. Naproxen is not medically necessary.