

Case Number:	CM15-0024450		
Date Assigned:	02/17/2015	Date of Injury:	05/23/2012
Decision Date:	03/27/2015	UR Denial Date:	01/17/2015
Priority:	Standard	Application Received:	02/09/2015

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: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on May 23, 2012. She has reported a crush injury of her left foot. The diagnoses have included chronic pain and status post left 4th toe tuft fracture with cellulitis. Treatment to date has included x-rays, work modifications, rest, walking boot, and antibiotic, pain, and non-steroidal anti-inflammatory medications. On December 24, 2014, the treating physician noted that pain and non-steroidal anti-inflammatory medications help her get through her pain. Currently she uses pain, anti-epilepsy, and non-steroidal anti-inflammatory medications. There was sensitivity with a burning sensation about the left 4th toe, which is likely due to a small branch neuropathy in that area. On January 17, 2015, Utilization Review non-certified a prescription for Naproxen 500mg: 1 tablet by mouth two times a day #60, noting the guidelines do not recommend long-term use of Naproxen, and the patient has been on this medication chronically with documentation that it, along with her other medications, caused an increase in her pain. The California Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60, 1 tablet by mouth 2 times a day: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

Decision rationale: Anti-inflammatories 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk of hip fractures. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Naproxen 500mg #60, 1 tablet by mouth 2 times a day is not medically necessary and appropriate.