MAXIMUS Federal Services

Case Number:	CM15-0036105		
Date Assigned:	03/04/2015	Date of Injury:	09/24/1997
Decision Date:	04/14/2015	UR Denial Date:	02/14/2015
Priority:	Standard	Application Received:	02/25/2015

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, Georgia
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 64-year-old male, who sustained an industrial injury on September 24, 1997. The diagnoses have included carpal tunnel syndrome, constipation opiate induced, back pain, adjustment reaction with prolonged depressive reaction, lumbar stenosis, and fecal and urinary incontinence. Treatment to date has included carpal tunnel (C TS) gloves, two previous carpal tunnel surgeries with residual right hand pain, and medication. Currently, the injured worker complains of lower back pain, pain in the neck, right arm, and down both legs. The Primary Treating Physician's report dated January 8, 2015, noted the injured worker reporting medications were working well, helping him maintain better function. The injured worker was noted to ambulate with a four point cane and a slow, antalgic gait. On February 14, 2015, Utilization Review non-certified Naprelan 750mg quantity 30, noting the injured worker did not meet industry standards for Naprelan (Naproxen) and was not medically necessary. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 25, 2015, the injured worker submitted an application for IMR for review of Naprelan 750mg quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprelan 750mg quantity 30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Opioids Page(s): 1-127; 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 67-68.

Decision rationale: CA MTUS guidelines are clear that NSAIDs should be used at the lowest possible dose for the shortest period possible. There is specific caution that NSAIDS have been shown to slow healing in all soft tissue including muscle, ligaments, tendons and cartilage. The request for Naprelan 750 mg #30 is supported by documentation of improved function in this case of chronic pain. Only the extended release version of Naprelan, not the requested immediate release version, is not recommended in the CA MTUS. Naprelan 750 mg #30 is medically indicated.