

Case Number:	CM15-0080588		
Date Assigned:	05/01/2015	Date of Injury:	11/24/2014
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 34 year old, male who sustained a work related injury on 11/24/14. The diagnosis has included avulsion of distal fibula. The treatments have included use of an eboot, medications and ice therapy. In the Pain Management Initial Evaluation Report dated 3/6/15, the injured worker complains of frequent, severe pain in his left ankle with radiation to left leg. He has associated tingling, numbness and weakness in the left leg and left foot. He rates the pain level an 8/10. The pain level is a 3/10 at best and a 10/10 at worst. The treatment plan is a request for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 milligrams orally, twice per day, #60 for the left ankle: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 68.

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 the NSAID's functional benefit is advised as long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. At this time, the patient continues to have functional response to oral NSAID to support its continued use. The Naproxen 550 milligrams orally, twice per day, #60 for the left ankle is medically necessary and appropriate.