

Case Number:	CM15-0230365		
Date Assigned:	12/04/2015	Date of Injury:	06/26/2012
Decision Date:	01/08/2016	UR Denial Date:	11/10/2015
Priority:	Standard	Application Received:	11/23/2015

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:

This is a 39-year-old female with a date of industrial injury 6-26-2012. The medical records indicated the injured worker (IW) was treated for chronic left hip dysplasia with end stage arthritis and compensatory low back pain component secondary to hip dysplasia. In the progress notes (9-4-15 and 10-8-15), the IW reported worsening left hip pain, rated 8 out of 10. She stated she was unable to ambulate greater than five minutes continuously and was concerned. She was taking hydrocodone 10mg and Naproxen (since about 9-2015). She denied side effects. On examination (10-8-15 notes), there was diffuse left hip tenderness, with painful, limited range of motion. She favored the right lower extremity when ambulating. Treatments included acupuncture, medication and functional restoration program. The IW was temporarily totally disabled. She had done well in the functional restoration program, but the left hip pain was progressing. The records indicated the IW had a congenital hip problem and Naproxen was prescribed for inflammation. A Request for Authorization was received for Naproxen 550mg, #60. The Utilization Review on 11-10-15 non-certified the request for Naproxen 550mg, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, twice a day quantity 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

Decision rationale: The claimant has a history of a work injury occurring in June 2012 when she slipped in a puddle. She has a history of left hip dysplasia. She was admitted for intractable pain in January 2015. She participated in the functional restoration program from March 2015 to May 2015. When seen in October 2015 medications were hydrocodone and naproxen. She was not having any medication side effects. She was having worsening left hip pain. Physical examination findings included decreased and painful left hip range of motion. There was diffuse left hip tenderness. She was referred for further evaluation for consideration of a hip replacement. 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 claimant has chronic persistent pain. The requested dosing is within guideline recommendations. Continued prescribing is medically necessary.