

Case Number:	CM15-0019418		
Date Assigned:	02/09/2015	Date of Injury:	11/03/2012
Decision Date:	03/30/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/03/2015

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 41 year old male, who sustained an industrial injury on November 3, 2012. He has reported losing his balance and twisting his left ankle. The diagnoses have included status post left knee surgery July 2013 and compensatory low back pain. Treatment to date has included left ankle surgery in July 2013, physical therapy, activity modification, TENS, bracing, home exercise program, heat/cold, and medications. Currently, the injured worker complains of left ankle pain and low back pain with right lower extremity symptoms. The Primary Treating Physician's report dated December 5, 2014, noted the injured worker with tenderness to the left ankle with limited range of motion (ROM), and lumbar spine tenderness with limited range of motion (ROM) due to pain. On January 20, 2015, Utilization Review non-certified Naproxen 550mg #90, noting the provided progress notes did not adequately describe functional benefit from the Naproxen, and there was no documentation of an acute exacerbation of the injured worker's condition, therefore the request was modified to Naproxen 550mg #40. The MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines (ODG) were cited. On February 3, 2015, the injured worker submitted an application for IMR for review of Naproxen 550mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-70, 78-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton pump inhibitors (PPIs)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen/Naprosyn is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naprosyn chronically for a year with documentation of minimal benefit. Chronic use of naprosyn is not recommended due significant long term side effects. Provider has not documented appropriate monitoring of potential adverse effects from chronic NSAID use. Naprosyn is not medically necessary.