

Case Number:	CM15-0116679		
Date Assigned:	06/25/2015	Date of Injury:	07/08/2013
Decision Date:	08/04/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/17/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 51-year-old who has filed a claim for chronic elbow, shoulder, and low back pain reportedly associated with an industrial injury of July 8, 2013. In a Utilization Review report dated May 26, 2015, the claims administrator failed to approve a request for Naprosyn. The claims administrator referenced an RFA form received on May 21, 2015 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated January 23, 2015, the applicant reported ongoing complaints of elbow, shoulder, and low back pain status post a recent steroid injection. Physical therapy, Naprosyn, and Tylenol with Codeine were endorsed while the applicant was placed off of work, on total temporary disability. No discussion on medication efficacy transpired on this date. In a progress note dated April 24, 2015, handwritten, difficult to follow, not entirely legible, the applicant was again placed off of work, on total temporary disability. Eight to 12 sessions of physical and chiropractic manipulative therapy were endorsed. The note was very difficult to follow, handwritten, and comprised, in large part, of preprinted checkboxes. Naprosyn and Tylenol No. 3 were renewed, again without any seeming discussion on medication efficacy, while the applicant was kept off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was off of work, on total temporary disability, despite ongoing Naprosyn usage. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Tylenol No. 3. The attending provider's RFA form of May 13, 2015 and progress note of April 24, 2015 were difficult to follow and did not outline any discussion on medication efficacy insofar as Naprosyn was concerned. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.