

Case Number:	CM15-0123149		
Date Assigned:	07/07/2015	Date of Injury:	02/27/2013
Decision Date:	07/31/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/25/2015

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: 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:

The injured worker is a 36 year old male, who sustained an industrial injury on 2/27/13. The injured worker has complaints of right ankle pain. The documentation noted tenderness to palpation over the medial and anterior ankle. The diagnoses have included pain in joint ankle and sprain strain lumbar region. Treatment to date has included Functional Restoration Program; naproxen; trazodone; status post open reduction internal fixation of a medial malleolar fracture; right ankle X-ray on 3/1/13 showed openly reduction and internal fixation of medial malleolus fracture is noted, fracture fragments appear to be in good alignment, ankle mortise is symmetric, fixation hardware appears intact and well positioned; right knee X-ray on 2/28/13 showed normal examination; right tibia and fibula X-ray on 2/28/13 showed acute distal medial malleolar fracture and right ankle X-rays on 2/28/13 showed comminuted medial malleolar transverse fracture. The request was for naproxen sodium 500mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 500mg quantity 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p68-73.

Decision rationale: The claimant sustained a work injury and February 2013 and continues to be treated for right ankle pain. When seen, he was having increased pain with walking. Naproxen is referenced as providing a 30% decrease in pain and improved mobility. Physical examination findings included an antalgic gait and decreased and painful range of motion with tenderness. The claimant was being seen approximately every 6 weeks. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is within guideline recommendations and medically necessary.