MAXIMUS Federal Services

Case Number:	CM15-0128506		
Date Assigned:	07/20/2015	Date of Injury:	01/12/2015
Decision Date:	08/14/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	07/03/2015

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: Family Practice

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 46 year old female patient who sustained an industrial injury on 01/12/2015. The initial assessment dated 01/15/2015 reported subjective complaint of having had fallen the day before at work while carrying two banker boxes of files she fell down a few stairs with resulting injury. She was evaluated underwent diagnostic testing and was prescribed Norco 5/325mg. She was administered an intramuscular injection of Toradol, oral Ativan, and ACE bandages applied to left wrist and right knee. She was discharged to home under the following diagnoses: fall, left wrist sprain, and right knee sprain. A follow up visit dated 03/17/2015 reported treating diagnoses of: shoulder, upper arm strain; contusion of face, scalp, neck; and lumbar strain. The patient had subjective complaint of head, shoulder, elbow, wrist, lumbar, right knee pains. She is using a crutch to ambulate. The assessment found the patient with contusion of head; elbow strain; knee sprain; lumbar strain; radiculitis, lumbosacral; shoulder strain, and wrist strain. She is requesting both medication refills and to obtain a muscle relaxant. She was to remain off from work duty. The plan of care noted initiating Tizanidine. There is note of pending upcoming magnetic resonance imaging study scheduled and the patient with a history of having claustrophobia; prescribed Valium for the testing day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including Naproxen, as a treatment modality. In brief, these guidelines state that NSAIDs should be used at the lowest dose for the shortest period in treating acute exacerbations of chronic pain. The specific MTUS recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective that acetaminophen for acute LBP. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. In this case, the records indicate that Naproxen is being used as a long-term treatment strategy for this patient's symptoms. Long-term use is not consistent with the above cited MTUS recommendations. There is no rationale provided in support of the benefit to this patient for extended use. For these reasons, Naproxen is not medically necessary.