

Case Number:	CM15-0174511		
Date Assigned:	09/16/2015	Date of Injury:	12/05/2014
Decision Date:	10/23/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	09/04/2015

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 21 year old, male who sustained a work related injury on 12-5-14. The diagnoses have included electrical injury, dislocation with spontaneous relocation, possible internal derangement left shoulder, possible brachial plexus injury and chest pain. Treatments have included physical therapy, oral medications and use of a splint. Current medications include Anaprox-DS, Cyclobenzaprine, Tramadol and Neurontin. In the progress notes dated 6-24-15, the injured worker reports the pain has been "about the same." He stopped physical therapy due to "blacking out there." On physical exam, he has muscle spasms in the paraspinal muscles. He has pain with range of motion of left shoulder. He has positive impingement in left shoulder. He is not working. The treatment plan includes refills of medications, an MRI of left shoulder and an ophthalmology evaluation. In the Utilization Review, dated 8-6-14, Anaprox DS 550mg #90 was found not medically necessary due to not meeting the CA MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS - Naproxen Sodium 55 mg Qty 90 (retrospective DOS 7/27/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Per the MTUS guidelines, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The current physical examination findings support the request for Anaprox. The medical records note: the injured worker has not responded to over the counter anti-inflammatory medications. The request for Anaprox DS - Naproxen Sodium 55 mg Qty 90 (retrospective DOS 7/27/15) is medically necessary and appropriate.