

Case Number:	CM15-0069341		
Date Assigned:	04/16/2015	Date of Injury:	03/22/2010
Decision Date:	05/20/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, Texas
 Certification(s)/Specialty: Internal 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 48-year-old male, who sustained an industrial/work injury on 3/22/10. He reported initial complaints of left knee, ankle, back, right wrist pain. The injured worker was diagnosed as having left knee strain, right ankle strain, lumbar spondylosis, right wrist ligamentous injury, umbilical hernia, questionable, and questionable chemical exposure. Treatment to date has included medication and diagnostics. Electromyography and nerve conduction velocity test (EMG/NCV) was performed on 12/21/10 and 3/21/11. X-Rays results were reported on 1/16/11. Currently, the injured worker complains of low back pain, left knee, right ankle, and right wrist pain. Per the primary physician's progress report (PR-2) on 2/24/15, there was normal balance and no gross muscle weakness. The left knee had 0-120 degrees flexion with no laxity in varus or valgus stress was noted. A cane was used for ambulation. The right wrist revealed 0-120 degrees flexion and no laxity. The right ankle had no effusion and flexion and extension were 30 degrees. The right wrist had tenderness and flexion and extension were 70 degrees. Current plan of care included consult for the umbilical hernia, MRI study for the low back and right wrist, and medication. The requested treatments include Naprosyn.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 67-68.

Decision rationale: All NSAIDS have a boxed warning for associated risk of adverse cardiovascular events, including MI, stroke, and new onset or worsening of pre-existing hypertension. NSAIDS can cause ulcers and bleeding in the stomach and intestines at any time during treatment. The use of NSAIDS may compromise renal function. According to the MTUS NSAIDS are recommended at the lowest dose for the shortest period of time in patients with moderate to severe pain in patients with osteoarthritis. With regards to back pain NSAIDS are recommended as an option for short-term symptomatic relief. In general, there is conflicting evidence that NSAIDS are more effective than acetaminophen for acute low back pain. In this case the documentation doesn't show that there has been significant functional improvement while taking this medication or that it has been tapered to the lowest effective dose. The continued use is not medically necessary.