

Case Number:	CM13-0029420		
Date Assigned:	11/01/2013	Date of Injury:	08/18/1998
Decision Date:	07/31/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/26/2013

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. The expert reviewer is Board Certified in Neuromusculoskeletal Medicine and is licensed to practice in Arizona. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 51-year-old female who sustained a work related injury on 8/18/1998 as result of an unknown mechanism of injury. The patient reports continuous symptoms regarding her wrist, forearm and elbow, cervical, upper and lower back and bilateral leg and lower extremity pain. According to the most recent PR-2 associated with the Utilization Review/requested dated July 22, 2013, the patient complained of continuous symptoms. She has finished pool therapy, which was helpful. Her examination identifies a well healed carpal tunnel syndrome (CTS) release scar with residual tenderness, tenderness over the epicondyles of the left elbow. Her cervical spine has mild to moderate tenderness of the paracervical trapezius musculature with an observed limited range of motion that causes pain. Her lumbar region presents with persistent tenderness with limited range of motion. Her right hand presents with triggering in the finger that is active, but intermittently active. In dispute is a decision for Anaprox DS 550mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 73.

Decision rationale: Naproxen (Naprosyn / Anaprox, Anaprox DS, Aleve) is a non-steroid anti-inflammatory drug used for anti-inflammatory and pain relief. Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). According to the submitted medical documentation, the patient has been taking some form of Naproxen since June of 2008. Between then and July 5th of 2012, there were no medical records indicating benefit of medication use, reduction of pain complaint or improvement in functionality. The PR-2 dated 7/5/12 documents that the Anaprox is used to treat headaches, muscle aches, back aches and tendinitis (tendonitis) and that it is being prescribed for total body comfort and healing. Additionally, the primary treating physician states 'I believe these medications will enhance pain relief, help restore function and improve overall ability to perform activities of daily living'. The same statements are made on the PR-2's on a nearly monthly basis from September 25, 2012 to July 22, 2013 without any modification describing the exact benefit of Anaprox use on pain level reduction or providing examples of functionality improvement. Considering no documentation of exact benefit regarding the continued use of Anaprox, I find that its continued use is not medically necessary.