

Case Number:	CM14-0102017		
Date Assigned:	07/30/2014	Date of Injury:	06/20/2013
Decision Date:	10/06/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	07/02/2014

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 Internal Medicine, and is licensed to practice in California. 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 injured worker is a 35 year old female who had a work related injury on 06/20/13. She reported cumulative trauma resulting in pain in her hands, wrists, shoulders, elbows, neck, and back. Pain level at the shoulders was 8/10, elbow 7/10, wrist 7/10, right greater than left with numbness and tingling at both hands. She was taking Flexeril and Naproxen for pain control. The patient was going to see a hand specialist on 01/13/14. Most recent clinical documentation submitted for review was dated 07/15/14, this was a handwritten document. The injured worker presented with recent cervical spine MRI, on 06/25/14. Continuing to complain of upper extremities complaints with numbness and tingling. Physical examination revealed increased lumbar spasms. Reflexes were 2+. Positive straight leg raise. Range of motion within normal limits. Phalen and Tinel tests positive both wrist, decreased range of motion of the cervical spine. Treatment plan was to get an EMG/NCV of upper extremities, Norco, Soma prescribed. Wrist brace. Diagnosis depressive disorder. Carpal tunnel syndrome. Cervical disc displacement. Current request was for Naproxen 500mg #50. In review of the clinical documentation submitted for review, there was no documentation that the patient had functional improvement while on this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500 mg #50: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 70.

Decision rationale: As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a CBC and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the patient is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. As such, the request for this medication cannot be established as medically necessary.