

Case Number:	CM14-0134718		
Date Assigned:	08/27/2014	Date of Injury:	05/29/2012
Decision Date:	10/01/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/21/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Management 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 46 year old male who reported injury on 05/29/2012. The mechanism of injury was not specified. The diagnoses included cervical radiculopathy, chronic bilateral carpal tunnel syndrome, trapezial, paracervical and parascapular strain, right acromioclavicular arthrosis and resolved bilateral shoulder impingement. Past treatments include medications, splints, rest and therapy. His diagnostic test included MRI's on 07/31/2013. On 02/28/2014 the injured worker complained of significant pain and weakness in his wrist and hands, the right is worse than the left. The physical exam findings indicated slightly decreased range of motion of the cervical spine and pain, slight trapezial and paracervical tenderness, Spurling's test was positive, Tinel and Phalen tests were bilaterally positive, slight bilateral volar forearm tenderness and grip strength was diminished. Medications included Naproxen 550mg, Prilosec 20mg and Methoderm gel 120g. The treatment plan included the injured worker would benefit from right carpal tunnel release. It was also noted that he would continue with non-steroid anti-inflammatory medications and lotions for chronic pain and inflammation, and he would require protective medication given his history of gastroesophageal reflux disease. The request for authorization form provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective for 02/28/2014 Naproxen 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects.

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

Decision rationale: The request for retrospective for the date 02/28/2014 for Naproxen 550mg is not medically necessary. The injured worker has a history of cervical radiculopathy, chronic bilateral carpal tunnel syndrome, trapezial, paracervical and parascapular strain, right acromioclavicular arthrosis and resolved bilateral shoulder impingement. The California MTUS guidelines state NSAIDs are recommended as an option for short-term symptomatic relief. 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. The injured worker complained of significant pain and weakness in his wrist and hands, the documentation did not provide any functional deficits or improvements in function related to the use of Naproxen to merit further use. Furthermore, there was a lack of detailed information pertaining to the quantified amount and characteristics of pain in the clinical findings. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request for retrospective for the date 02/28/2014 for Naproxen 550mg is not medically necessary.