

Case Number:	CM14-0159249		
Date Assigned:	10/02/2014	Date of Injury:	10/23/2004
Decision Date:	10/28/2014	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	09/29/2014

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 Family Medicine and is licensed to practice in Ohio. 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 40-year-old female with a date of injury October 23, 2004. She cut herself with a knife lacerating her left middle finger. From there, she developed right upper extremity pain, right hand numbness and pain, and later she developed numbness and tingling in both upper extremities. Her diagnoses include chronic regional pain syndrome, right shoulder bursitis, right-sided carpal tunnel syndrome, chronic myofascial pain syndrome, and left middle finger neuroma. The physical exam reveals diminished right wrist range of motion, tenderness to palpation at the anatomic snuffbox, and a positive Finklestein test. The right shoulder reveals diminished range of motion, tenderness at the AC joint, and a positive impingement test.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID's (non-steroidal anti-inflammatory).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Pain, NSAID's

Decision rationale: There is inconsistent evidence for the use of NSAID's like Naproxen to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain and mixed pain

conditions such as osteoarthritis (and other nociceptive pain) in patients with neuropathic pain. In this instance, the injured worker clearly has neuropathic pain (chronic regional pain syndrome and carpal tunnel syndrome) and nociceptive pain (shoulder bursitis). Hence, she has a mixed pain condition and therefore an NSAID such as Naproxen is appropriate. The quantity of 120 is also appropriate as it is clear that the intention was to provide 2 months of medication, as it was for the other prescribed medications (Prilosec and gabapentin). Therefore, Naproxen 550mg #120 is medically necessary.