MAXIMUS Federal Services

Case Number:	CM14-0028433		
Date Assigned:	04/07/2014	Date of Injury:	04/03/2008
Decision Date:	06/30/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/16/2014

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 Hospice and Palliative Medicine, and is licensed to practice in Pennsylvania. 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 62-year-old woman with a date of injury of 4/3/08. An office visit note by [redacted] dated 2/5/13 identified the mechanism of injury as a fall causing a right wrist fracture and the subsequent development of CRPS (Complex Regional Pain Syndrome) and chronic pain syndrome. The most recent documentation submitted was the office visit notes by [redacted] dated 2/5/13 and 4/2/13, which was submitted in part. On 2/5/13, the injured worker described moderate pain involving the right shoulder, arm, and wrist. The pain was worsened by daily activities, rest, and changing positions, and was improved with the use of heat. Examination revealed muscle weakness and right arm discoloration with marked sensitivity to light touch. Medications for pain included naproxen, Tapentadol, baclofen, carbamazepine, duloxetine, and escitalopram. [redacted] note dated 4/2/13 reported that the injured worker described severe pain involving the right arm that was worsened by daily activities, lifting, or pushing, and was improved with the use of heat. Examination of the arm was unchanged. Medications for pain treatment were unchanged. The assessments at both visits included diagnoses of chronic pain syndrome and CRPS. No documentation was submitted indicating the current intensity of pain, the injured worker's function, or results of the treatment plan.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 500MG, TAKE 1 TAB BY MOUTH WITH FOOD, 2 X A DAY #60, WITH 2 REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS, 72

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Part II CRPS Medications, Part II NSAIDs Page(s): 71,.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines recommend the use of NSAIDs, such as naproxen, for the treatment of CRPS, especially in early or very late stages. They caution, however, that the indications should be weighed against the potential risks. No documentation was submitted indicating objective pain improvement, a decreased need for medications, or functional improvement with the inclusion of naproxen in the worker's treatment plan. In the absence of such evidence, the current request for naproxen is not medically necessary.