

<b>Case Number:</b>	CM14-0057653		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	08/07/2013
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 52 year old male who reported an injury to his right hand and wrist. The utilization review dated 03/25/14 resulted in a denial for the use of Naprosyn as insufficient information had been submitted confirming the injured worker's positive response to the use of this medication. The clinical note dated 06/11/13 indicates the injured worker having previously sustained a Colles type fracture at the right wrist. The injured worker demonstrated restricted range of motion throughout the right wrist secondary to pain. Sensation was identified as being intact. Pain was elicited with dorsiflexion at the right wrist at 20 degrees. The clinical note dated 01/08/14 indicates the injured worker having undergone 12 sessions of occupational therapy. The injured worker continued with persistent pain that was rated as 3-4/10.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown prescription for Naprosyn:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

**Decision rationale:** The request for Naprosyn is not medically necessary. The documentation indicates the injured worker having ongoing complaints of right wrist pain following a Colles fracture. The continued use of naprosyn is indicated for injured workers with osteoarthritis. No information was submitted confirming findings consistent with osteoarthritis. Additionally, no information was submitted regarding the injured worker's positive response to the use of this medication. Therefore, this request is not indicated as medically necessary.