

Case Number:	CM14-0067666		
Date Assigned:	07/11/2014	Date of Injury:	11/23/2011
Decision Date:	09/17/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/12/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 54-year-old male who was reportedly injured on 11/23/2011. The mechanism of injury was noted as repetitive lifting. The most recent progress note dated 4/7/2014, indicated that there were ongoing complaints of left hand numbness. The physical examination demonstrated left hand surgical incision healing well and severe tenderness present at the volar wrist. Motion of the thumb and fingers were good. Sensory testing was abnormal in the median nerve distribution, 2 point discrimination median nerve, and ulnar nerve. No recent diagnostic studies are available for review. Previous treatment included wrist surgery, physical therapy, medications, and conservative treatment. A request was made for naproxen 500mg and was denied in the pre-authorization process on 4/23/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen tablets 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines naproxen (NSAIDs) non-steroidal anti-inflammatory drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS; (Effective July 18, 2009) Page(s): 66, 73.

Decision rationale: Naproxen is a nonsteroidal anti-inflammatory medication used for the relief of signs and symptoms osteoarthritis. After reviewing the medical records provided patient does not have a diagnosis associated with osteoarthritis. Therefore this request is not medically necessary and appropriate.