

<b>Case Number:</b>	CM14-0184408		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	07/17/2012
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	10/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Pennsylvania, Ohio, California  
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 underlying date of injury in this case is 07/17/2012. The date of the utilization review under appeal is 10/16/2015. On 08/14/2014, the patient was seen by the treating physician and noted to be status post a right carpal tunnel release with right wrist pain, right upper extremity neuropathy, and right index finger pain, and a right cystic mass. The patient had limited range of motion of the right index finger and tenderness on palpation over the cystic mass on the PIP of the right index finger. The treating physician refilled cyclobenzaprine as well as naproxen and instructed the patient to take the naproxen with food. An initial physician review certified the naproxen but not the refill.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 (refill):** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
 Antiinflammatories Page(s): 22.

**Decision rationale:** The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on antiinflammatory medications states that antiinflammatories are the traditional first line of treatment to reduce pain so that activity and functional restoration can resume. This is a first-line medication given this patient's complex musculoskeletal pain and given the patient's history, it is probable that this will be required for an extended period of time. It would be appropriate to issue this medication with one refill with instructions for the patient to call with any reports of side effects. Therefore, this request is supported by the treatment guidelines. This request is medically necessary.