

<b>Case Number:</b>	CM14-0203096		
<b>Date Assigned:</b>	12/15/2014	<b>Date of Injury:</b>	05/06/2012
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/04/2014

### 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. The expert reviewer is Board Certified in Physical Medicine Rehabilitation and is licensed to practice in California. 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:

This 40 year-old patient sustained an injury on 5/3/12 while employed by [REDACTED]. Request(s) under consideration include Naprosyn 550mg #60. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/14/14 from the provider noted the patient with chronic ongoing pain in the bilateral upper extremities with associated numbness. Exam showed unchanged findings of tenderness in bilateral arms, positive Tinel's at cubital tunnel with crepitus at the left elbow. Treatment included continued medications. Peer reviewer noted discussion with provider to weaning Doral and Fexmid which were conditionally certified for tapering. The request(s) for Naprosyn 550mg #60 was non-certified on 11/5/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**Decision rationale:** This 40 year-old patient sustained an injury on 5/3/12 while employed by Walgreens Family of Companies. Request(s) under consideration include Naprosyn 550mg #60. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/14/14 from the provider noted the patient with chronic ongoing pain in the bilateral upper extremities with associated numbness. Exam showed unchanged findings of tenderness in bilateral arms, positive Tinel's at cubital tunnel with crepitus at the left elbow. Treatment included continued medications. Peer reviewer noted discussion with provider to weaning Doral and Fexmid which were conditionally certified for tapering. The request(s) for Naprosyn 550mg #60 was non-certified on 11/5/14 citing guidelines criteria and lack of medical necessity.