

<b>Case Number:</b>	CM14-0046040		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	07/15/2011
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/01/2014

### 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: California, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 female patient, who sustained an industrial injury on 07/15/2011. A therapy visit note dated 01/28/2014 reported the patient still has difficulty gripping, grasping, lifting, twisting a jar. Her pain was rated a 6 out of 10 in intensity. The patient has made good/fair progress and plan of care to involve continue twice weekly for 3 weeks with goals of decreasing pain, increasing strength and overall activity. A supplemental report dated 02/04/2014 reported drug metabolism results with recommendations to avoid therapy with tricyclic antidepressants; avoid therapy with Codeine and recommend dosing for Warfarin 5mg to 7mg. A request was made for the medication Naprosyn 550MG # 60. On 02/21/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain Guidelines, NSAIDS. The injured worker submitted an application for independent medical review of services requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550 mg BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naprosyn 550 mg b.i.d. is not medically necessary. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional nonsteroidal anti-inflammatory drugs and COX-2 nonsteroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is left wrist sprain/strain with ganglion cyst. The documentation shows the injured worker has been using nonsteroidal anti-inflammatory drugs as far back as August 8, 2013 according to a QME (with the same date). The reviewing physician at that time indicated the injured worker had failed conservative treatment. A December 19, 2013 progress note indicates the injured worker was taking Naprosyn at that time. Documentation does not contain evidence of objective functional improvement with naproxen use. There is no clinical indication or rationale to continue Naproxen based on the clinical documentation. Consequently, absent compelling clinical documentation with objective functional improvement to gauge ongoing Naproxen use, Naprosyn 550 mg b.i.d. is not medically necessary.