

<b>Case Number:</b>	CM15-0143203		
<b>Date Assigned:</b>	08/04/2015	<b>Date of Injury:</b>	06/20/2014
<b>Decision Date:</b>	09/29/2015	<b>UR Denial Date:</b>	06/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/23/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 57 year old female who sustained an industrial injury on June 20, 2014. She reported an injury to the right thumb and epicondyle region. Treatment to date has included medications, injection and hand therapy. According to a partially legible handwritten progress report dated June 09, 2015, the injured worker continued to have pain in the right wrist and right lateral epicondyle. Some numbness of the right hand was also noted. The provider noted that the injured worker was taking medications with benefit. Diagnoses included chronic myofascial pain syndrome, chronic right lateral epicondylitis and right thumb pain. The injured worker's diagnoses were marked as worsened. The treatment plan included Naprosyn, Omeprazole, Flexeril, Neurontin, tennis elbow splint, TENS pads and Lidopro x 2. Work status included full-time work with restrictions of single lifting limited to 10 pounds and keyboarding limited to 2 hours per day which has remained unchanged since January 06, 2015. On July 9, 2015, the provider requested authorization for Lidopro x 2, Naproxen, Omeprazole, Neurontin, Flexeril, trigger point injection and TENS pads. Currently under review is the request for Naprosyn 550 mg tablet. Documentation submitted for review shows that the injured worker has been taking Naproxen dating back to January 6, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg tablet:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** With regard to the use of NSAIDs for chronic low back pain, the MTUS CPMTG states "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another." "Low back pain (chronic): Both acetaminophen and NSAIDs have been recommended as first line therapy for low back pain. There is insufficient evidence to recommend one medication over the other. Selection should be made on a case-by-case basis based on weighing efficacy vs. side effect profile." The documentation submitted for review indicates that the injured worker has been using this medication daily since at least 1/2015. As it is only recommended for short-term symptomatic relief, the request is not medically necessary.