

<b>Case Number:</b>	CM15-0169300		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	08/25/2012
<b>Decision Date:</b>	10/14/2015	<b>UR Denial Date:</b>	08/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Georgia, California, Texas  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old female, who sustained an industrial injury on 8-25-12. The injured worker was diagnosed as having left trigger finger and fracture of left wrist. Treatment to date has included; Open reduction internal fixation of distal radius fracture, left long finger trigger finger with release, oral medications including NSAIDS (non-steroidal anti-inflammatory drugs), physical therapy, injection of left long finger and activity modifications. Currently on 6-9-15, the injured worker complains of sharp pain from wrist up to forearm rated 8 out of 10. She is currently not working. Objective findings on 4-14-15 revealed palpable tenderness within the entire left wrist with well healed surgical incisions of left wrist and on 6-9-15 revealed tenderness of ulnar styloid, otherwise unremarkable. The treatment plan included prescription for Naproxen 500mg and a request for a thumb Spica for left wrist stabilization. On 8-3-15 utilization review modified a request for Naproxen 500mg #60 with 3 refills to #60 with no refills noting it is a new prescription and with the refills it does not meet recommendation for short term therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function.

**Decision rationale:** For treatment of osteoarthritis, MTUS recommends use of NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. Significant symptomatic or functional improvement is not documented despite long-term use of naproxen is documented in this case. MTUS cautions concerning increased risk of gastrointestinal bleeding or potential cardiovascular, renal, or hepatic side effects associated with NSAID use. Claimant's age >65 places her at increased risk for GI bleeding with oral NSAIDs; however, use of a gastroprotective agent is not documented. Although office notes state that claimant has experienced no NSAID side effects, the persistent documented elevation of her systolic blood pressure is not addressed. Periodic monitoring of appropriate laboratory studies for patients receiving chronic NSAID medication, including a CBC, renal function tests, and liver function tests, is not documented. Due to insufficient documented response to NSAID therapy and lack of adequate documented measures to address potential adverse events associated with NSAID use, medical necessity is not established for the requested naproxen.