

<b>Case Number:</b>	CM15-0198232		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	06/05/2005
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/08/2015

### 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, North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 50 year old female, who sustained an industrial injury on 6-5-05. The injured worker is being treated for bilateral wrist and hand tendinitis with bilateral carpal tunnel syndrome, cervical and bilateral scapular shoulder strain with secondary cervicogenic headaches and secondary depression due to chronic pain. Treatment to date has included bilateral wrist braces, left carpal tunnel release (7-9-09), activity modifications, oral medications including Naproxen 550mg (since at least 11-2014) and Prilosec 20mg and Methoderm topical cream. On 4-27-15, the injured worker reports bilateral wrist-hand pain has decreased by 30% with medications and allows her to do normal activities of daily living with less discomfort. Documentation does not include functional improvement or increased activity due to medications. She rates the pain 3 out of 10. She is temporarily totally disability and considered permanent and stationary. Physical exam performed on 4-27-15 revealed decreased sensation to pinprick and light touch in 1st, 2nd, 3rd and 4th digits of left hand with median nerve distribution more prominent on left side. Carpal tunnel compression is positive on right and left, palpation of shoulder revealed mild tenderness of posterior upper scapular and shoulder region and palpation of cervical spine revealed mild to slight tenderness in lower and mid paracervical muscles with mild spasm and slightly decreased range of motion. The treatment plan included request for Naproxen 550mg #60 and Prilosec 20mg #60 along with Methoderm topical cream and a follow up appointment. On 9-16-15 request for Naproxen 550mg #60 was non-certified by utilization review.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen Sodium 55 mg Qty 60, 2 times daily as needed with meals:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** CA MTUS/ACOEM Guidelines state that NSAIDs are effective, although there are significant GI and CV risks associated with their use. Evidence-based guidelines necessitate documentation of functional benefits to justify the continued use of NSAIDs. In this case, there is no documentation of functional improvement, such as a reduction in work restrictions or an increase in activity tolerance with the use of Naproxen. There has also not been a reduction in use of medication over time. Therefore the efficacy of Naproxen has not been established and it is not medically necessary or appropriate.