MAXIMUS Federal Services

Case Number:	CM15-0198273		
Date Assigned:	10/13/2015	Date of Injury:	11/28/2007
Decision Date:	11/30/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	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
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 48 year old male who sustained an industrial injury on November 28, 2007. Recent primary treating office visit dated September 07, 2015 reported subjective complaint of "experiencing constant intractable pain in his left arm, left elbow, and left wrist." He is also with complaint of "frequent left shoulder pain and frequent sweating of left hand." He states "he has been getting greater than 60-80% improvement in both his overall pain and ability to function with his current medications, which decrease his pain to two in intensity and allows him to perform ADL with less discomfort." He indicates feeling moderately depressed.
The assessment noted the worker with: sprain injury left wrist and history of triangular fibrocartilage complex injury; tear of left triangular fibrocartilage complex; status post left carpal tunnel release 2009 with residual mild carpal tunnel syndrome; status post left ulnar nerve transposition 2009 with residual mild left ulnar neuropathy with nerve entrapment at the elbow; new onset right wrist pain due to overuse; CRPS type II left hand arm; chronic myofascial pain syndrome, cervical spine, moderate to right; chronic injury left shoulder, and major depression. The worker has declined a trial of spinal cord stimulator. The following medications were recommended: Naproxen 55mg and gabapentin 600mg; home muscle stretching and exercise; swimming pool daily exercises, deep breathing techniques. Pain management follow up dated April 07, 2015 reported the following medications prescribed: Ultram, Norco, and Neurontin. On August 31, 2015 a request was made for Naproxen 550mg #120 that was noncertified by Utilization Review on September 08, 2015. Naproxen 550 mg #90 was certified to avoid potential side effects.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg SIG: 1 Tab Every 8 Hours #120 for 6 Weeks: 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, specific drug list & adverse effects, Anti-inflammatory medications.

Decision rationale: According to the MTUS guidelines, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Anti-inflammatory medications should be used for the shortest duration of time at the lowest dosage to prevent cardiovascular and gastrointestinal side effects. In this case, while it is acknowledged that the injured worker is utilizing a first line anti-inflammatory agent and is able to continue working, Utilization Review has modified the request for Naproxen 550mg #120 to allow for #90 to avoid potential side effects. This modification is reasonable to decreased side effects associated with chronic non-steroidal anti-inflammatory drug (NSAID) usage. The request for Naproxen 550mg SIG: 1 Tab Every 8 Hours #120 for 6 Weeks is not medically necessary or appropriate.