

Case Number:	CM15-0202879		
Date Assigned:	10/19/2015	Date of Injury:	07/25/2014
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/15/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This is a 53 year old male who sustained a work-related injury on 7-25-14. Medical record documentation on 9-16-15 revealed the injured worker was being treated for distal radius fracture, status post open reduction and internal fixation. The evaluating physician noted that "the condition is as same as last visit." The injured worker reported right wrist pain with radiation of pain to the right arm. The pain was associated with numbness, tingling and weakness in the right arm and wrist. He reported that his symptoms have been worsening since the injury. He reported that his average pain rating in the previous seven days was an 8 on a 10-point scale (no change since 7-15-15). He completed five of six acupuncture therapy and reported that it helped a little bit. Objective findings included full range of motion of the right elbow and bilateral wrists. He had 5-5 motor strength in the bilateral upper extremities and 4+ to 5 motor strength in the right wrist with flexion and extension. His grip strength was 4+ -5 in the right upper extremity. His sensation to light touch and pinprick was grossly intact throughout the upper extremities with the exception of the right median and ulnar distributions. His recommended medications included Naproxen 550 mg (since at least 3-23-15), Diclofenac XR 100 mg and Prilosec 20 mg. A request for Naproxen 550 mg #60 was received on 9-25-15. On 10-9-15, the Utilization Review physician determined Naproxen 550 mg #60 was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: 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, GI symptoms & cardiovascular risk, NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Naproxen sodium is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing right wrist pain that went into the arm with numbness and tingling and arm weakness. The documented pain assessments did not include many of the elements recommended by the Guidelines. However, a provider note recorded recent to the request reported that naproxen was stopped because it had limited benefit for the worker. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for Naproxen 550mg #60 is not medically necessary.