

<b>Case Number:</b>	CM15-0210933		
<b>Date Assigned:</b>	10/29/2015	<b>Date of Injury:</b>	10/23/2013
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Arizona, 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 38 year old male who sustained an industrial injury October 23, 2013. Past history included left wrist surgery June 2014 and left wrist arthroscopy with synovectomy and TFCC (triangular fibrocartilage complex) debridement and repair, left revision DeQuervain's release August 12, 2015. Past treatment included medication, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, acupuncture, brace left wrist. Diagnoses are left wrist TFCC tear with synovitis; left DeQuervain's tenosynovitis. According to a treating physician's notes dated August 27, 2015, the injured worker presented for re-evaluation and complains of post-operative pain. His incisions are well healed without evidence of infection and sutures have been removed. He will continue with home therapy, home exercise program, anti-inflammatories, and his sugar tong splint. According to a qualified medical evaluation dated May 30, 2015, the physician mentioned another physician's notation on February 11, 2014, the injured worker was out of Naproxen. Subsequent treating physician's progress reports revealed the injured worker could not tolerate Omeprazole (unspecified) and was treated with Lidopro and Diclofenac since at least March 11, 2015. At issue, is the request for authorization dated August 21, 2015 for Naproxen. Electrodiagnostic studies dated April 20, 2015, (report present in the medical record) impression; evidence that would be consistent with a cervical radiculopathy on the left side; the involved nerve root is most likely C6 although the possibility of C5 an-or C7 involvement cannot be entirely excluded due to the known overlap in Myotomes in this region; the chronicity of the injury is difficult to say with certainty, but it would appear to be a mix of both subacute and chronic findings; the possibility of an acute overlay cannot be excluded. A report of an MRI of the left wrist dated May 13, 2015 is present in the medical record. According to utilization review dated October 1, 2015, the request for Naproxen 550mg Quantity: 60 for 30 days' supply is non-certified.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #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).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months including use of prior Diclofenac and topical NSAIDS. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Continued use of Naproxen is not medically necessary.