

Case Number:	CM15-0211105		
Date Assigned:	10/29/2015	Date of Injury:	04/04/2012
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 63 year old female, who sustained an industrial injury on 4-4-12. The injured worker was being treated for bilateral wrist degenerative joint disease, dislocation of first metacarpal from the trapezium of left hand, myofascial pain in neck-trapezius musculature, cervical spondylosis and cervical HNP. On 7-27-15 and 9-2-15, the injured worker complains of aching neck pain rated 5 out of 10 in trapezius region, sometimes wakes up in the night with numbness and pain in right hand rated 4 out of 10 and pain in left hand rated 8 out of 10 with frequent numbness in bilateral hands. She is temporarily partially disabled. Physical exam performed on 9-2-15 revealed decreased range of motion in cervical spine, tenderness to palpation over right cervical facets, positive right facet loading; and tenderness and deformity over the left thenar eminence. EMG of bilateral upper extremities performed on 4-22-15 and 5-18-15 were read as normal studies. Treatment to date has included cortisone injection, left trigger finger release, multiple physical therapy sessions, multiple acupuncture sessions, oral medications including Naproxen 550mg (provides less than 50% relief and utilized since at least 4-27-15), Prilosec 20mg and topical Ketoprofen and activity modifications. The treatment plan included refilling of Naproxen 550mg #60. On 10-14-15 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 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 (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550 mg #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are bilateral wrist DJD; dislocation first metacarpal from the trapezium left hand; myofascial pain neck/trapezius; cervical spondylosis; and cervical HNP. Date of injury is April 4, 2012. Request for authorization is December 6, 2015. According to a September 2, 2015 progress note, current complaints include pain 5/10 with pain in the trapezius region. There is pain in the left hand 8/10 and right hand 4/10 associated with frequent numbness in the bilateral hands. Objectively, range of motion cervical spine is decreased with tenderness to palpation over the cervical facets. Motor function is 5/5. Sensation in the upper extremities is intact. The left hand and wrist are tender with deformity over the left thenar eminence. There is a positive Finklestein's. Current medications include naproxen 550 mg, less than 50% relief; Ketoprofen cream mild relief; and Prilosec 20 mg qd. The treating provider has prescribed naproxen sodium 550 mg as far back as April 27, 2015. This is the progress note documentation and not necessarily the start date. The start date is not specified. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The documentation does not demonstrate objective functional improvement to support ongoing Naproxen 550 mg. Laboratory testing was performed September 29, 2015 with normal renal and liver function testing. There has been no attempt at weaning naproxen in the medical record. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating an attempt at weaning after eight months (at a minimum) and no documentation demonstrating objective functional improvement to support ongoing naproxen, Naproxen 550 mg #60 is not medically necessary.