

Case Number:	CM15-0034807		
Date Assigned:	03/03/2015	Date of Injury:	08/11/2012
Decision Date:	04/16/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/24/2015

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: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 8/11/2012. The current diagnoses are left carpal tunnel syndrome, wrist joint inflammation with ulnar impaction, and inflammation of thumb on the left. According to the progress report on 1/20/2015, the injured worker complains of left wrist pain. Current medications are Norco, Tramadol, and Protonix. The physical examination of the left wrist reveals tenderness along the ulnar column, flexor carpi radialis, extensor carpi ulnaris, and base of the thumb. Her grip is weak. Treatment to date has included medications, braces, TENS unit, and injections. The treating physician is requesting Naproxen Sodium, which is now under review. On 2/10/2015, Utilization Review had non-certified a request for Naproxen Sodium. The Naproxen was modified to 500mg #60. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain. Anti-inflammatory medications Page(s): 22, 60.

Decision rationale: The patient presents with pain in the left shoulder, left elbow and left wrist. The request is for NAPROXEN SODIUM. Physical examination to the left wrist on 01/20/15 revealed tenderness to palpation along the ulnar column and the flexor carpi radialis as well as the base of the thumb. Patient's treatments include a splint, hot and cold wrap and medications, which provided 50% relief. Patient's diagnosis, per 01/20/15 progress report include carpal tunnel syndrome on the left, documented by nerve studies, wrist joint inflammation with ulnar impaction, status post injection of the wrist joint, twice along the flexor carpi radialis and once along the flexor carpi ulnaris, with injection to first compartment 12/2014, CMC inflammation of the thumb on the left, status post one injection, chronic pain related depression, sleep and stress issues. Per 09/12/14 progress report, patient's medications include Fenopfen, Orphenadrine Citrate, Hydrocodone, Diclophenac, Pantoprazole, Cyclobenzaprine, Tazodone and Albuterol. Patient's work status is modified duties. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not provide a reason for the request. The request is for Naproxen Sodium 1 Ounce. UR letter dated 02/10/15 had modified the request to Naproxen 500 mg # 60. In review of the medical records provided, there are no records of a prior use. Patient suffers from pain in the left shoulder, left elbow and left wrist. In this case, the treater has not documented how this medication has been effective in management of pain and function. Therefore, the request IS NOT medically necessary.