

Case Number:	CM15-0049665		
Date Assigned:	03/23/2015	Date of Injury:	10/21/2012
Decision Date:	05/01/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/16/2015

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 37-year-old male, who sustained an industrial injury on 10/21/12. The PR2 dated 1/21/15 noted that the injured worker has complaints of mid back, lower back and wrist pain. The diagnoses have included carpal tunnel, lumbar spine disc and thoracic spine disc. Treatment to date has included X-rays of the wrists o 6/9/14 were consistent with a bilateral carpal tunnel syndrome and intra osseous cyst of the right lunate; Magnetic Resonance Imaging (MRI) of the wrists showed a cyst; acupuncture treatments that were no help; electrodiagnostic studies done 11/12/14 that were consistent with a bilateral carpal tunnel syndrome, worse on the right than on the left; right carpal tunnel release on 1/29/15 and medications. The requested treatment is for naproxen.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, 2nd edition (2004), Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

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 over a year. There was no indication of Tylenol failure. The use of Naproxen was not substantiated in the clinical notes while it was combined with topical NSAIDs and muscle relaxants. The Naproxen is not medically necessary.