

<b>Case Number:</b>	CM15-0052488		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	07/15/1996
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 53 year old female, who sustained an industrial injury on 07/15/1996. She has reported injury to the bilateral upper extremities. The diagnoses have included bilateral carpal tunnel syndrome; bilateral ulnar neuritis, left greater than right; myofascial pain syndrome; and complex regional pain syndrome. Treatment to date has included medications, ice/heat, splinting, acupuncture, injections, physical therapy, and surgical intervention. Medications have included Norco, Gralise, Gabapentin, Nexium, and Voltaren Gel. A progress note from the treating physician, dated 02/04/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of bilateral upper extremity pain; left hand pain, dystonia, and spasms; bilateral hand locking up, left greater than right; use of hands causes swelling; and injections and medications have helped with pain and function. Objective findings included contracture of the left fifth finger with extension; protecting the left arm and hand against the breeze; sensation is diminished in the bilateral median and ulnar area; and dystonia of the left fifth finger. The treatment plan has included the request for Anaprox-DS 550 mg, twice a day, #60 with 2 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox-DS 550mg, twice a day, #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS; Topical Analgesics.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**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 and required a proton pump inhibitor for GI protection. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant had been on opioids and topical NSAIDs which can reach systemic levels similar to oral NSAIDs. Continued use of Anaprox is not medically necessary.