

Case Number:	CM15-0083734		
Date Assigned:	05/05/2015	Date of Injury:	05/26/2009
Decision Date:	06/04/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	04/30/2015

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, Pain Management

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(n) 55 year old female, who sustained an industrial injury on 5/26/09. She reported pain in her bilateral shoulders, bilateral wrists and neck. The injured worker was diagnosed as having cervicgia, lumbago, pain in joint of shoulder and thoracic or lumbosacral neuritis or radiculitis. Treatment to date has included physical therapy, Norco, Gabapentin and Naprosyn. She has had bilateral carpal tunnel release and bilateral shoulder rotator cuff repair. As of the PR2 dated 4/14/15, the injured worker reports that medications do help improve her function. She is status post left carpal tunnel release surgery on 2/9/15. She rates her pain 6/10 without medications and 3/10 with medications. Objective findings included active and passive range of motion in the shoulders at 80% of normal, negative Phalen's sign in the right wrist and tenderness over the left wrist. The treating physician requested Naprosyn 500mg #30. Progress notes indicate that the patient's medications improve her pain and function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg per oral daily #30: Overturned

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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 67-72 of 127.

Decision rationale: Regarding the request for Naproxen (Naprosyn), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, notes indicate that the patient's current regimen improves her pain and function. It is acknowledged, that it is unclear exactly which medication is providing this benefit. However, since NSAIDs are generally recommended as first-line options, and there is documentation of analgesic benefit and functional improvement, it is presumed that this medication is beneficial. As such, the currently requested Naproxen (Naprosyn) is medically necessary.