

Case Number:	CM15-0086113		
Date Assigned:	05/08/2015	Date of Injury:	03/03/2010
Decision Date:	06/19/2015	UR Denial Date:	04/18/2015
Priority:	Standard	Application Received:	05/05/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 42 year old male, who sustained an industrial injury on 3/03/2010. He reported a cumulative trauma type injury developing pain in the right thumb, as well as pain and weakness in bilateral arms and hands. He initially was treated with medication, administration of an injection, a brace and physical therapy. Diagnoses include right thumb stenosing tenosynovitis, status post A1 pulley release in 2010, bilateral cubital tunnel syndrome and bilateral carpal tunnel syndrome. Treatments to date include Anaprox, Prilosec, bilateral wrist splints, and physical therapy. Currently, he complained of no improvement in pain. The left elbow, right hand/wrist, and right thumb were rated 5/10 VAS. He also complained of some shoulder weakness and blurry vision in the left eye. On 3/31/15, the physical examination documented tenderness of the left medial epicondyle, positive bilateral Phalen's tests and positive bilateral Durkan's nerve compression tests. The plan of care included Anaprox 550mg quantity #90. The request was made for Naproxen Sodium 550mg quantity #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg by mouth twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs
Page(s): 67-73.

Decision rationale: Naproxen sodium is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing pain in the left elbow, right hand and wrist with numbness, problems sleeping, shoulder weakness, and anxious and depressed mood. There was no recent discussion describing improved pain intensity, function, and/or quality of life with the specific use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for sixty tablets of naproxen sodium 550mg with one refill is not medically necessary.