

<b>Case Number:</b>	CM15-0087134		
<b>Date Assigned:</b>	06/12/2015	<b>Date of Injury:</b>	08/06/2011
<b>Decision Date:</b>	07/17/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/06/2015

### 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: Texas, 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:

This is a 26 year old female patient who sustained an industrial injury on 08/06/2011. The diagnoses included left ulnar neuropathy, late effect of open wound left extremity and left wrist open wound. Per the doctor's note dated 3/31/2015, she had complaints of left wrist pain at 7/10. The pain was constant, sharp with tingling and numbness radiating throughout the upper extremity to the left shoulder with cramping, pulling, numbness and tingling. The physical examination revealed limited range of motion with tenderness of the left wrist and decreased sensation on the left upper extremity. The medications list includes naproxen, omeprazole and lidopro ointment. She has undergone left wrist surgical repair in 2012 and 2013. She has had TENS, ice therapy and home exercise program for this injury. The treatment plan included Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Naproxen 550mg #120 Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had left wrist pain with tingling and numbness radiating throughout the upper extremity to the left shoulder with cramping, pulling, numbness and tingling. She has had significant findings on physical examination-limited range of motion with tenderness of the left wrist and decreased sensation on the left upper extremity. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #120 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.