

Case Number:	CM15-0088611		
Date Assigned:	05/12/2015	Date of Injury:	05/17/2011
Decision Date:	06/15/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/08/2015

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, Illinois
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 60 year old female, who sustained an industrial injury on May 17, 2011. She reported neck, right shoulder, right elbow, right hand, low back, and left knee continuous trauma injuries. The injured worker was diagnosed as having status post right carpal tunnel release in 2013, right shoulder pain and dysfunction, residuals after prior arthroscopic surgery, rule out rotator cuff pathology, cervical spine strain, and lumbar spine strain. Diagnostic studies to date have included MRIs and electrodiagnostic studies. Treatment to date has included work modifications, a home exercise program, postoperative physical therapy, left shoulder steroid injection, wrist injection, and medications including oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. On April 15, 2015, the injured worker complains of continued neck, right shoulder, right wrist, and low back pain. She complains of right wrist pain and swelling that is increased this month with increased tingling and loss of sensation on the three radial fingers. Her knee is giving out due to her knee pain. The physical exam revealed decreased and painful cervical range of motion, 3+ tenderness of the cervical paravertebral muscles and bilateral trapezii, and pain caused by cervical compression. The lumbar spine exam revealed decreased range of motion, 3+ tenderness of the lumbar paravertebral muscles and bilateral sacroiliac joints, and pain caused by Kemp's and straight leg raise testing. The right wrist had decreased and painful range of motion and a healed incision without erythema or drainage. The right shoulder range of motion was decreased. The treatment plan includes refilling the Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium tablets 550 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

Decision rationale: The injured worker sustained a work related injury on May 17, 2011. The medical records provided indicate the diagnosis of status post right carpal tunnel release in 2013, right shoulder pain and dysfunction, residuals after prior arthroscopic surgery, rule out rotator cuff pathology, cervical spine strain, and lumbar spine strain. Diagnostic studies to date have included MRIs and electrodiagnostic studies. Treatment to date has included work modifications, a home exercise program, postoperative physical therapy, left shoulder steroid injection, wrist injection, and medications including oral pain, topical pain, muscle relaxant, proton pump inhibitor, and non-steroidal anti-inflammatory. The medical records provided for review do not indicate a medical necessity for Naproxen sodium tablets 550 mg. Naproxen is a non-steroidal anti-inflammatory drug. The MTUS recommends the use of the non-steroidal anti-inflammatory drugs (NSAIDs) for the short term treatment of moderate to severe pain. The states no one NSAID is better than the other is. The records indicate the injured worker has been on Ibuprofen, an NSAID, at least since 10/2014. There was no documented evidence of outcome of treatment with the medication, or any explanation on why the change to Naproxen. Also, the MTUS recommends regularly monitoring blood count, liver and kidney functions when an individual is on treatment with NSAIDs for a long time. The records do not indicate the injured worker is being monitored as recommended. This request is not medically necessary.