

<b>Case Number:</b>	CM14-0148799		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	02/24/2006
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New York and New Jersey. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old woman who sustained a work-related injury on February 24, 2006. Subsequently, she developed bilateral wrist and difuse bilateral upper extremities pain. According to a progress report dated August 18, 2014 the patient has been unable to walk or stand for prolonged periods. The patient seemed to be very frustrated. Objective findings revealed visible, severe palpable spasm, left greater than right. Cervical range of motion decreased. The patient was diagnosed with bilateral rotator cuff syndrome, brachial neuritis, lateral epicondylitis, and carpal tunnel syndrome. The provider requested authorization for Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One Anaprox DS 1 tablet po, BID with meals (unspecified drug strength/quantity/days supply) for management of chronic pain related to bilateral wrist/hands injury:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm); Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; and Physician's Desk Reference, 68th ed.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non Selective NSAIDS Page(s): 72..

**Decision rationale:** Naproxen (Naprosyn delayed release (EC-Naprosyn), as Sodium salt (Anaprox DS Aleve [OTC]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxen: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or naproxen: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan. Not recommended due to delay in absorption. (Naprelan Package). There is no documentation of the rationale behind using Anaprox. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Anaprox to the lowest effective dose and used it for the shortest period possible. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Anaprox is not medically necessary.