

Case Number:	CM14-0098914		
Date Assigned:	07/28/2014	Date of Injury:	11/23/2011
Decision Date:	10/06/2014	UR Denial Date:	05/31/2014
Priority:	Standard	Application Received:	06/27/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in California. 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 injured worker is a 54 year old male who was injured on November 23, 2011. The mechanism of injury is noted as cumulative trauma. The diagnosis is listed as pain joint involving forearm (719.43). The most recent progress note dated 4/7/14 reveals complaints of numbness and dyesthesias in the median nerve distribution in the left hand. Current medications noted Lyrica 25 milligrams and Naproxen, and was prescribed compound cream which consisted of Diclofenac/ Doxepin/ Gapapentin/ Orephenadrine Pemoxyfylline/ Ibuprofen. Physical examination revealed severe tenderness at the volar wrist, good range of motion of the left thumb and fingers, abnormal sensory testing was noted, Semmes Weinstein monofilament was 4.56 in median nerve dist, 3.61 on other digits, 15 millimeter 2 point discrimination in median nerve digits, 7 millimeter in ulnar. Prior treatment includes surgery with little relief but not much was noted, twelve treatments of physical therapy which entailed sensory improvement but not motor improvement wasn't all that helpful was noted, arthroscopic debridement of left wrist, MRI of left wrist which revealed tear if the scapholunate ligament, electromyography and nerve conduction velocity (EMG/NCV) studies. A prior utilization review determination dated 4/21/14 resulted in denial of Naproxen tablets 500 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen tablets 500mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 111.

Decision rationale: According to the CA MTUS guidelines, Naproxen "NSAIDs" is recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, there is no documentation of any significant improvement in pain level visual analog scale (VAS) or function with prior use. Long term use of NSAIDs are not recommended. Thus, the request is not medically necessary according to the guidelines.