

Case Number:	CM14-0212472		
Date Assigned:	01/02/2015	Date of Injury:	09/16/2011
Decision Date:	02/19/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 55 year-old patient sustained an injury on 9/16/11 while employed by [REDACTED]. Request(s) under consideration include Naproxen 550mg, 1 tablet bid Qty: 60. Diagnoses include bilateral Carpal tunnel syndrome s/p right CTR on 5/10/12 and left CTR on 7/19/12. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has been declared Permanent & Stationary. The patient continues to treat for chronic ongoing symptom complaints. Hand-written report of 11/10/14 from the provider noted continued constant cold hands. Exam showed unchanged findings of bilatearl wrist tenderness; decreased grip strenth and hypersensitivity at fingertips. The patient remained TTD status with treatment plan for medication. The request(s) for Naproxen 550mg, 1 tablet bid Qty: 60 was non-certified on 12/2/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, 1 tablet bid Qty:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 22.

Decision rationale: This 55 year-old patient sustained an injury on 9/16/11 while employed by [REDACTED]. Request(s) under consideration include Naproxen 550mg, 1 tablet BID Qty: 60. Diagnoses include bilateral carpal tunnel syndrome s/p right CTR on 5/10/12 and left CTR on 7/19/12. Conservative care has included medications, therapy modalities, and modified activities/rest. The patient has been declared Permanent & Stationary. The patient continues to treat for chronic ongoing symptom complaints. Hand-written report of 11/10/14 from the provider noted continued constant cold hands. Exam showed unchanged findings of bilateral wrist tenderness; decreased grip strength and hypersensitivity at fingertips. The patient remained total temporary disability (TTD) status with treatment plan for medication. The request(s) for Naproxen 550mg, 1 tablet BID Qty: 60 were non-certified on 12/2/14. Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. Monitoring of the NSAID's functional benefit is advised as long term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing. Available reports submitted have not adequately addressed the indication to continue this NSAID for neither this chronic 2011 injury nor its functional efficacy derived from treatment already rendered. There is no report of acute flare or new injuries. NSAIDs are a second line medication after use of acetaminophen. The Naproxen 550mg, 1 tablet BID Qty: 60 are not medically necessary and appropriate.