

Case Number:	CM15-0017655		
Date Assigned:	02/05/2015	Date of Injury:	07/27/2013
Decision Date:	07/14/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	01/29/2015

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: California, Indiana, New York
Certification(s)/Specialty: Internal 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 38-year-old female, who sustained an industrial injury on 07/27/2013. She has reported injury to the right hand/wrist. The diagnoses have included joint derangement, hand; ganglion joint, right; and right carpal tunnel syndrome. Treatment to date has included medications, diagnostics, injections, bracing, and physical therapy. Medications have included Naproxen, Lodine, Tylenol, and Ibuprofen. A progress note from the treating physician, dated 09/26/2014, documented a follow-up visit with the injured worker. The injured worker reported right wrist pain; the pain is aggravated with use of the wrist; the pain is rated at 9/10 on the visual analog scale; and there is numbness of the right hand. Objective findings have included tenderness at the dorsum of the right wrist; small tender ganglion cyst; positive Tinel's and Phalen's signs; and there is a weak grip. The treatment plan has included the request for Naproxen 550mg quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAI Page(s): 22, 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAI.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Naproxen 550mg #90 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnosis is joint derangement NOS-hand. The request for authorization is dated January 16, 2015. The most recent progress note of the medical record dated November 21, 2014 according to the medical record index. There was no November 21, 2014 progress note in the medical record. A handwritten September 26, 2014 progress note states "Wait for AME for RX". Continue medications PRN. There is no documentation with a clinical indication or rationale for ongoing Naproxen 550 mg. There is no documentation that reflects objective functional improvement with ongoing Naproxen 550 mg. There is no contemporaneous clinical documentation indicating the injured worker is taking Naproxen 550 mg. Consequently, absent contemporaneous clinical documentation for the clinical indication and rationale for Naproxen 550 mg, Naproxen 550mg #90 is not medically necessary.