

Case Number:	CM15-0116158		
Date Assigned:	06/24/2015	Date of Injury:	11/27/2011
Decision Date:	07/28/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/16/2015

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: Arizona, Michigan

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 46 year old male injured worker suffered an industrial injury on 11/27/2011. The diagnoses included post-operative carpal tunnel release left wrist, carpal tunnel syndrome right wrist, and left wrist ankylosis. The diagnostics included left wrist magnetic resonance imaging and electromyographic studies. The injured worker had been treated with surgery and medications. On 5/15/2015 the treating provider reported constant pain in the right wrist with reduced range of motion, pain, swelling and weakness. The left wrist had stiffness and numbness noted. The provider noted there was severe pain and discomfort. The treatment plan included Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: 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 Medications for chronic pain, NSAID's Page(s): 60, 67, 68.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines for Non-steroidal anti-inflammatory drugs recommended use for moderate to severe pain and require evidence of pain and functional improvement. The documentation provided did not have a comprehensive pain assessment and evaluation or evidence of functional improvement with the medication. The injured worker also continues to complain of ongoing pain and does not appear to be having a satisfactory response to Naproxen. Therefore the continued use of Naproxen is not medically necessary.