

Case Number:	CM15-0119903		
Date Assigned:	07/29/2015	Date of Injury:	02/28/2011
Decision Date:	09/24/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, California
 Certification(s)/Specialty: Family Practice

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 is a 43-year-old female patient, who sustained an industrial injury on 02/28/2011. The diagnoses include lumbar spondylolisthesis, lumbosacral radiculitis, right partial bursal tear and tendinopathy, bilateral carpal tunnel syndrome, tendonitis of the flexors/extensors and bilateral de Quervain's syndrome. Per the progress note dated 6/19/15, she had complaints of pain at 6/10. Per the progress note dated 05/15/2015, she had complaints of 5/10 pain but the location of the pain was not specified. The physical examination revealed tenderness of the right shoulder, lumbar spine and bilateral wrists, positive impingement test of the right shoulder, decreased range of motion of the lumbar spine, decreased tactile sensory at L4, L5 and S1 on the left, positive Finkelstein's and Tinel's bilaterally and positive Phalen's more on the right. She was noted to be off work. The medications list includes naproxen, Cyclobenzaprine, Omeprazole and lidopro ointment. She has had EMG/NCS and right shoulder MRIs. Treatment to date has included medication, transcutaneous electrical nerve stimulation (TENS), application of heat and self trigger point therapy. A request for authorization of Naproxen 550 mg #60 was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67; Naproxen is a NSAID Page(s): 67-73.

Decision rationale: Naproxen 550mg #60 CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient had chronic pain. She has had significant findings on physical examination-tenderness of the right shoulder, lumbar spine and bilateral wrists, positive impingement test of the right shoulder, decreased range of motion of the lumbar spine, decreased tactile sensory at L4, L5 and S1 on the left, positive Finkelstein's and Tinel's bilaterally and positive Phalen's more on the right. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen 550mg #60 is medically necessary for this patient to use as prn to manage his chronic pain.