

<b>Case Number:</b>	CM15-0124460		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	04/01/2009
<b>Decision Date:</b>	09/01/2015	<b>UR Denial Date:</b>	06/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/29/2015

### 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: New York, Tennessee  
 Certification(s)/Specialty: Emergency 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 (IW) is a 49 year old male who sustained an industrial injury on 04-01-2009. The initial mechanism and report of injury is not found in the records reviewed. The injured worker was diagnosed as having: bilateral carpal tunnel syndrome; right arm ulnar nerve transplant; chronic pain secondary to right arm nerve injury. Treatment to date has included medications, surgery, and medication management. Currently, the injured worker complains of bilateral upper arm pain he rates as a 5 on a scale of 0-10. Norco decreases the pain from a 7 on a scale of 10 to a 3 on a scale of 10, but is causing constipation. Norco reduces his pain, increases activity tolerance, and has no significant side effects. The worker has a signed medication agreement and shows no signs of abuse or aberrant behavior. On examination, the worker has swelling over the medial epicondyle and tenderness to light palpation. His range of motion is decreased, painful, and guarded. A request for authorization was made for the following: 1. Percocet 10/325mg #90; 2. Colace 100mg #120; 3. Naprosyn 500mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Guidelines Page(s): 67-68.

**Decision rationale:** Naprosyn is naproxen, a non-steroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted". For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective than acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been receiving Naprosyn since January 2015 and there is no change in the level of pain. The duration of treatment increases the risk of adverse effects with little benefit. The request should not be authorized. Therefore the request is not medically necessary.