

Case Number:	CM15-0129350		
Date Assigned:	07/15/2015	Date of Injury:	07/03/2012
Decision Date:	08/11/2015	UR Denial Date:	06/06/2015
Priority:	Standard	Application Received:	07/03/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 69-year-old male, who sustained an industrial injury on 7/3/12. The injured worker has complaints of left shoulder, left wrist pain with feelings of numbness and stiffness. The documentation noted decreased range of motion of left wrist. The documentation noted that the injured worker has difficulty with hand dexterity. The diagnoses have included status post left wrist tendon repair; status post left wrist circular saw accident and paresthesia in left hand. Treatment to date has included upper thoracic, cervical, bilateral trapezoidal ultrasound on 5/5/14 showed normal examination; magnetic resonance imaging (MRI) of the left hand on 9/17/14 showed unremarkable magnetic resonance imaging (MRI); ranitidine; gabapentin and occupational therapy. The request was for naproxen 500mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in July 2012 and continues to be treated for left wrist pain after sustaining a laceration while cutting plywood with a saw. He has severe left carpal tunnel syndrome. When seen there was decreased finger flexion and he was unable to fully close his fingers. Pain was rated at 5/10. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is within guideline recommendations and medically necessary.