

<b>Case Number:</b>	CM15-0026623		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/19/1996
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 19, 1996. In a Utilization Review Report dated January 15, 2015, the claims administrator failed to approve a request for Naprosyn. An RFA form received on January 7, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On October 17, 2014, the applicant reported ongoing complaints of hand, wrist, and thumb pain. The attending provider stated that the applicant needed replacement of wrist braces. The attending provider contended that the applicant's medications were beneficial. The applicant was using and/or given refills of Naprosyn, Norco, Robaxin, and hot and cold wraps. The applicant's work status was not outlined. Overall pain complaints of 8/10 were reported in another section of the note. The applicant's pain complaints were scored as severe, it was stated on that occasion. The applicant's pain complaints scored 8/10 in yet another section of the note. On January 6, 2015, the applicant again reported multifocal ongoing complaints of 7-8/10 wrist, hand, elbow, and low back pain, sharp, shooting, and throbbing. The applicant was using Norco, Naprosyn, Robaxin, Lidoderm, and heat wraps, it was acknowledged. The applicant was not working, it was reiterated. The applicant was receiving both disability benefits and Workers' Compensation indemnity benefits, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naxproxen 500mg 1 tablet 3 times daily as needed for 30 days dispense 90 tablets, 1 refill:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Page(s): 63,67-70,74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 7 of 127.

**Decision rationale:** No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, ongoing usage of Naprosyn had not, in fact, proven beneficial. The applicant remains off of work. The applicant is apparently receiving both Workers Compensation indemnity benefits and disability insurance benefits. The applicant's pain complaints consistently scored in the severe range, 8/10 or greater. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Norco. The applicant continues to report difficulty performing activities of daily living as basic as gripping and grasping. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.