

Case Number:	CM15-0062727		
Date Assigned:	04/08/2015	Date of Injury:	11/21/2012
Decision Date:	05/08/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	04/02/2015

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: Ohio, North Carolina, Virginia
 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 54 year old male sustained an industrial injury on 11/21/12. He had an open reduction and internal fixation of the right wrist and later had hardware removal. Diagnoses include dupuytren contracture, status post wrist fracture. Treatments to date have included surgery, physical therapy, TENS unit and prescription pain medications. The injured worker continues to experience right hand and wrist pain. A request for Naproxen medication was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sod tab 550 mg, ninety count: 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 NSAIDS, Naproxen Page(s): 67-68, 73.

Decision rationale: Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [otc]) Generic available; extended-release (Naprelan): 375 m g.

Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of naproxyn for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or naproxyn: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 m g or 500 m g twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or naproxyn: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 m g and 1000 m g on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 m g on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. (Naprelan Package Insert)The referenced guidelines state that NSAIDS are indicated for osteoarthritis, acute exacerbations of chronic back pain, and possibly for neuropathic pain. There appears to be no long term indication for tendonitis. In this instance, the diagnoses include S/P right wrist fracture, S/P right wrist ORIF, post-traumatic De Quervain tenosynovitis, and post traumatic Dupuytren contracture. The medical record additionally indicates the injured worker is intolerant of oral NSAIDS despite the addition of Prilosec to the regimen. Because of medication side effects and a lack of long-term indications for management of tendonitis with NSAIDS like Naproxen, Naproxen sod tab 550 mg, ninety count is not medically necessary or appropriate.