

<b>Case Number:</b>	CM15-0065674		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/03/2003
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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, Florida

Certification(s)/Specialty: Anesthesiology, 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 35 year old female with an industrial injury dated 11/03/2003. Her diagnosis is reflex sympathetic dystrophy upper extremities. Prior treatments include medications, spinal cord stimulator, stellate ganglion blocks and cognitive behavioral therapy. She presents on 03/05/2015 with complaints of pain in her left arm, hand and right wrist pain. The pain is associated with sweating, discoloration, temperature changes, spasms and hair loss of left arm. The treating physician notes pain has been higher in last month due to cold and rainy weather. The injured worker had not changed her medications for this increase of pain. She complains of gastrointestinal upset and nausea with pain medications. Overall the injured worker feels she has a 60% improvement in pain which allows her to be more active. Physical exam reveals the injured worker ambulates without assistance. She wears ace bandage wrap and brace on left arm from elbow to hand. The provider documents last urine drug screen and CURES report were positively appropriate. Treatment plan included medications and re-evaluation for cognitive behavioral therapy visits. The medications listed are MS Contin, Norco, Effexor ER, Ativan, Gralise and Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen #120:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that NSAIDs can be utilized for the treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with the development of renal, cardiovascular and gastrointestinal complications. The records indicate that the patient reported significant pain relief and improvement in physical activities with utilization of Naproxen. There is no adverse effect attributed to the use of Naproxen. The criteria for the use of Naproxen #120 were met. Therefore, the requested medical treatment is medically necessary.