

Case Number:	CM14-0154262		
Date Assigned:	09/23/2014	Date of Injury:	04/05/2013
Decision Date:	11/05/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	09/22/2014

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. The expert reviewer is Board Certified in Internal medicine and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 58-year old male who sustained a work related injury on 04/05/13. He sustained injury to his left hand/wrist and left fingers when his left hand got stuck while moving two tables. He was diagnosed with two fractures in his left thumb. An x-ray of left thumb showed stable appearance of a nondisplaced comminuted fracture involving the distal phalanx of the thumb on 05/13/13. Treatment included NSAIDs, physical therapy, left de Quervain's tenosynovitis status post injection, trigger finger injection, Norco and Prilosec. The progress note from 08/26/14 was reviewed. Subjective symptoms included left thumb pain, swelling and weakness. He reported no improvement and stated that he had numbness to the tip of thumb. He had left wrist pain with activity. The pain was radiating to the left elbow and shoulder. Pertinent examination findings included slightly disrupted in the distal half of the nail, 43 degrees of range of motion of the distal phalanx, poor key grip due to pain and no evidence of numbness on the radial or dorsal or volar or ulnar aspect of the digit. He had positive Finkelstein's test and positive pain over the first dorsal wrist extensor. Diagnoses included history of closed left thumb fracture; left de Quervain's tenosynovitis injected 01/14/14, trigger left middle finger A1 pulley, injected 7/17/14 and trigger of left ring finger A1 pulley. The plan of care included bilateral upper extremities NCV/EMG, refilling Naproxen, Tramadol, Ibuprofen 800mg, Prilosec and Methoderm cream, urine toxicology screen, Spica splint, Chiro treatment and follow-up in 4-6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (Unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-79.

Decision rationale: The employee was a 58 year old male who sustained a thumb injury while moving tables at work on 04/05/13. He subsequently was treated for fracture of thumb with cast. His treatment also included Ibuprofen, physical therapy, steroid injections and Norco. He had ongoing pain. The request was for Naproxen unknown dosage and quantity. According to MTUS Chronic Pain Medical Treatment Guidelines, Naproxen is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. The employee had thumb pain as well as evidence of tenosynovitis. But he was already taking Ibuprofen 800mg. It is unclear why a second NSAID was requested at unknown dosage and frequency. Hence the request for Naproxen (Unspecified) is not medically necessary and appropriate.