

Case Number:	CM15-0126391		
Date Assigned:	07/10/2015	Date of Injury:	10/24/1997
Decision Date:	10/02/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	06/30/2015

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: California, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 injured worker is a 49-year-old female who reported an industrial injury on 10-24-1997. Her diagnoses, and or impression, were noted to include: bilateral carpal tunnel syndrome; and bilateral De Quervain's tenosynovitis with intersection syndrome. No current imaging studies were noted. Her treatments were noted to include consultations; diagnostic studies; right shoulder surgery (2013); medication management; and rest from work. The progress notes of 5-14-2015 reported increased pain in both wrists and hands, sleeping in abnormal positions with having to hang her hands over the bed to sleep, and resulting in a stiff neck. Objective findings were noted to include: no acute distress; fatigue; headache; neck pain; dysesthesia, numbness paresthesias and weakness in the extremities; depression with insomnia; a right thumb Spica splint; swelling of the right first dorsal compartment and proximal area; tenderness of the mid-dorsal wrist, bilaterally; and swelling at the intersection area, bilaterally. The physician's requests for treatments were noted to include the continuation of Naproxen as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 375 mg one tab by mouth twice a day, as needed, quantity: 60, refills: not specified: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Goodman and Filman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2010; Physician's Desk Reference, 68th ed.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medication Page(s): 22, 60.

Decision rationale: The patient presents with bilateral hand pain. The current request is for Naproxen 375mg 1 tab by mouth twice a day, as needed, quantity 60, refills not specified. The treating physician's report dated 05/14/2015 (20B) states, Swelling of the right first dorsal compartment and just proximal to that area. Tenderness of mid-dorsal wrist bilaterally, Swelling at the intersection area bilaterally. The MTUS Guidelines page 22 on anti-inflammatory medication states that anti-inflammatories are the traditional first-line treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. MTUS page 60 on medications for chronic pain states that pain assessment and functional changes must also be noted when medications are used for chronic pain. The medical records show that the patient was prescribed Naproxen since 11/11/2014. None of the reports document medication efficacy as it relates to the use of Naproxen. In this case, MTUS Guidelines page 60 require pain assessment and documentation of functional changes when medications are prescribed for chronic pain. The current request is not medically necessary.