

<b>Case Number:</b>	CM13-0031229		
<b>Date Assigned:</b>	12/04/2013	<b>Date of Injury:</b>	02/11/2009
<b>Decision Date:</b>	01/23/2014	<b>UR Denial Date:</b>	09/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/03/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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 physician 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 patient is a 38-year-old female who was injured in a work related accident on 02/11/09. Recent clinical assessment for review includes a 10/09/13 treatment report from [REDACTED], [REDACTED], indicating subjective complaints of left shoulder pain from a motor vehicle accident on the date of injury. She describes instability and feelings of the shoulders "giving out of the socket". Physical examination showed tenderness over the greater tuberosity, no apprehension, no pain with impingement maneuvers. The claimant's left shoulder was injected with corticosteroid at that date. She was noted to have a diagnosis of tendinosis of the supraspinatus tendon following motor vehicle accident. Further treatment at that date was not noted. There was a current request for continuation of non-steroidal medication in the form of Anaprox.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) Anaprox (naproxen sodium) 550mg, twice a day, 90 tablets for symptoms related to the left shoulder and cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-  
<https://www.acoempracguides.org/Cervical> and Thoracic Spine; Table 2, Summary of Recommendations, Cervical and Thoracic Spine Disorders.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section on Non-steroidal anti-inflammatory drugs (NSAIDs) Page(s): 67-72.

**Decision rationale:** The Chronic Pain Guidelines indicate that non-steroidal anti-inflammatory drugs are recommended for short-term relief and as a second-line treatment. The claimant's symptoms have been ongoing for four years. Records indicate that the role of non-steroidal medication is in the short term dose, at the lowest dose possible. Records in this case indicate that the claimant has been treated with non-steroidal medications for quite some time and has also undergone therapeutic procedures including recent injections to the shoulder. Based on lack of documentation of the symptomatic flare and the claimant's ongoing use of the agent at this stage, in the chronic course of care, the role of continued use of this agent would not be indicated at present.