

<b>Case Number:</b>	CM13-0037009		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	10/02/2004
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	10/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2013

### 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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 47-year-old female who reported an injury on 10/02/2004; the mechanism of injury was not provided. The patient was noted to have chronic knee pain, cervical pain, and shoulder pain. The patient was noted to be taking Naproxen 500 mg. The patient's diagnoses were noted to include cervical sprain and status post left shoulder surgery. The request was made for naproxen 500 mg #60 with 3 refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Section Page(s): 66 & 70.

**Decision rationale:** The California MTUS guidelines indicate that Naproxen is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. The clinical documentation submitted for review indicated the patient had been on medication since 2012. However, it

failed to provide documentation of objective functional improvement with the medication and it failed to provide the patient had osteoarthritis. Given the above and the lack of documentation, the request for Naproxen 500 mg #60 with 3 refills is not medically necessary.