

Case Number:	CM14-0012095		
Date Assigned:	02/21/2014	Date of Injury:	03/28/2006
Decision Date:	06/26/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/30/2014

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 Neurological 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 injured worker is a 58-year-old individual who has a history of a right shoulder injury dating back to March 2006. The mechanism of injury is not specified. There are ongoing complaints of pain and previous treatment has included steroid injections which have offered temporary relief. It is also noted that the contralateral shoulder has undergone a reversed shoulder arthroplasty. Imaging studies have identified significant ordinary disease of life arthritic changes in the acromioclavicular joint and a possible glenoid labrum lesion. The physical examination notes a 5'5", 201 pound individual to be hypertensive. A marked reduction in right shoulder range of motion is reported. The right shoulder underwent surgical intervention in August 2013. Multiple sessions of postoperative physical therapy were completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 55MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, NSAIDS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Page(s): 21 OF 127.

Decision rationale: When noting the date of injury, surgery for the right shoulder, the date of that surgery, the fact that there have been numerous postoperative physical therapy visits and that there are no clinical notes indicating a need for an anti-inflammatory preparation, there is insufficient clinical evidence presented to support this request. Furthermore, as noted in the Chronic Pain Medical Treatment Guidelines chapter, this is a first line medication and this is well beyond that parameter. Long-term use is not warranted unless there are specific clinical conditions which are not outlined in the records presented for review. Recommendation: Naproxen Sodium 55 mg is not medically necessary.