

<b>Case Number:</b>	CM14-0017072		
<b>Date Assigned:</b>	04/14/2014	<b>Date of Injury:</b>	08/24/2007
<b>Decision Date:</b>	05/13/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2014

### 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 Family Practice and is licensed to practice in New York. 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 injured worker is a 52-year-old woman with a date of injury of 8/24/07. She was seen by her pain physician on 1/22/14 with complaints of neck, shoulder and hand pain and increasing bilateral trapezius spasm. She had a right shoulder MRI (magnetic resonance imaging) showing tendinosis and a mild tendon tear. She had pain radiating to her hand. Her medications included fentanyl, oxycodone, naproxen, amitiza, ambien, omeprazole, fluoxetine, and sertraline. She is status post final fusion of C5-6 and C6-7 and Anterior cervical discectomy (ACD) of C5-6. Her physical exam limitations in neck range of motion with positive compression sign on the right, spasm in the right superior trapezius with trigger point. Her muscle strength was 4/5 in the shoulder abductors and elbow flexors. She had decreased sensation in her right arm and hand. Her diagnoses were neuralgia, neuritis and radiculitis, cubital tunnel syndrome and carpal tunnel syndrome. At issue in the review is the refill of the naproxen. There were plans to switch her to celebrex.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN (NAPROSYN) 500MG, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-73.

**Decision rationale:** This 48-year-old injured worker has chronic neck and arm pain with limitations in range of motion noted on physical examination. Her medical course has included numerous diagnostic and treatment modalities including surgery and long-term use of several medications including narcotics and naproxen. Per the chronic pain guidelines for chronic low back pain, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. She is also receiving opioids analgesics and the naproxen is not medically necessary.