

<b>Case Number:</b>	CM14-0112672		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	06/01/2009
<b>Decision Date:</b>	11/21/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/18/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine 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 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:

This is a female patient with a date of injury of June 1, 2009. A utilization review determination dated June 19, 2014 determined the request as not medically necessary of Naproxen 550 mg #180. A progress note dated May 27, 2014 identifies subjective complaints of report of having painful movements of the left shoulder but is able to get greater than 80% pain relief with her current medications. The patient reports intermittent pain and numbness in the left elbow and frequent neck and upper back pain. The patient is currently able to work well; she is working five hours a day five days a week. The patient feels that her current pain and discomfort is moderately impacting her ability to work but is only mildly impacting her enjoyment of life and ability to interact with other people. Physical examination reveals slightly restricted cervical and thoracic spine range of motion, multiple myofascial trigger points and taut bands throughout the cervical paraspinal, trapezius, levator scapulae, scaling, and infraspinatus musculature. The range of motion of the left shoulder is decreased slightly in all directions. Sensation to fine touch and pinprick was diffusely decreased in the C6 and C7 area. The diagnoses include chronic myofascial pain syndrome of the cervical spine, left C5 radiculopathy, left shoulder sprain injury, and mild to moderate left ulnar nerve entrapment at the left elbow/medial epicondylitis. The treatment plan recommends trigger point injections, tramadol/APAP 37.5/325mg #180, Naproxen 550mg #180, urine drug screen, home muscles stretching exercises, continue with aquatic therapy exercises as authorized, and deep breathing type meditation as a relaxation technique.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, Non-steroidal anti-inflammatory drugs (NSAIDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen 550mg #180, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is being prescribed for the short term. In the absence of such documentation, the currently requested Naproxen 550mg #180 is not medically necessary.