

Case Number:	CM14-0114172		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2012
Decision Date:	10/17/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/21/2014

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 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:

The injured worker is a 58 year old male who sustained an injury on 04/02/12. No specific mechanism of injury was noted. The injured worker has undergone a prior right shoulder arthroscopy on 07/03/12 followed by physical therapy. The injured worker also attended chiropractic therapy. The clinical report dated 06/25/14 noted that the injured worker had completed therapy and was using tramadol, naproxen, and topical menthoderm. The injured worker did indicate that after chiropractic therapy there was some inflammation present in the right shoulder. The injured worker's physical exam noted normal right shoulder range of motion without evidence was swelling. The requested Naproxen was denied on 07/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): Page 102.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to

standard over-the-counter medications for pain such as Tylenol. Per guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flareups of chronic pain. There is no indication that the use of NSAIDs in this case was for recent exacerbations of the injured worker's known chronic pain. Furthermore, the request is not specific in regards to quantity, duration, or frequency. As such, the patient could have reasonably transitioned to an over-the-counter medication for pain. Based on the clinical documentation provided for review and current evidence based guideline recommendations, the request is not medically necessary.