

<b>Case Number:</b>	CM14-0126243		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	02/20/2002
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	07/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2014

### 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 and is licensed to practice in Louisiana. 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 patient is a 58 year old female who was injured on 02/20/2002. The mechanism of injury is unknown. Prior medications as of 12/29/2013 included Naproxen, Hydrocodone, Omeprazole, Gabapentin, Cymbalta, Lisinopril, Aspirin, Hydrochlorothiazide, and Escitalopram. Prior treatment history has included postop physical therapy and transforminal injections on the right at L1-L4 The patient underwent acromioplasty and debridement of a partial supraspinatus tear and right shoulder arthroscopy with decompression; left shoulder decompression on 08/31/2007. Progress report dated 05/03/2013 states the patient presented with complaints of right upper extremity pain that has been worsening. She reported the pain increases with activity; therefore she cannot perform some activities due to the pain and weakness. She is unable to lie on her right side due to the pain so she sleeps on her back. She cannot perform daily household chores as she is restricted by limited use of her right hand. Her left shoulder complaints are on and off and are rated as moderate pain. On exam, her right lower leg is swollen. She had pitting edema bilaterally. The right shoulder revealed +3 tenderness in the anterior deltoid region. Range of motion of the right shoulder revealed flexion to 180 degrees; extension to 50 degrees; abduction to 180 degrees; adduction to 50 degrees; internal rotation to 90 degrees bilaterally. Left shoulder range of motion revealed flexion to 180 degrees; extension to 50 degrees; abduction to 180 degrees; adduction to 50 degrees; internal rotation to 90 degrees; and external rotation to 90 degrees. Grip strength on the right revealed 8, 7, 6 and left revealed 20, 18, 21. The patient is diagnosed with median nerve neuropathy, right upper extremity; status post left shoulder subacromial decompression; status post right shoulder arthroscopic decompression, acromioplasty and debridement. She was recommended to continue with Naprosyn 550 mg. Prior utilization review dated 07/26/2014 states the request for Naprosyn 550mg BID (two times a day) #60 is denied as it is not medically necessary.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (NSAIDs) non-steroidal anti-inflammatory drug.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the CA MTUS and ODG, Non-Steroid Anti-Inflammatory Drugs (NSAIDs) should be prescribed at the lowest possible dose and the shortest period of time. This patient has been prescribed this medication chronically. The medical records do not report an acute incident and long-term use of this type of medication has significant risk of side effects. As such, the request of Naprosyn 550mg #60 is not medically necessary and appropriate.