

Case Number:	CM14-0147307		
Date Assigned:	09/15/2014	Date of Injury:	04/20/2010
Decision Date:	12/26/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/10/2014

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 Interventional Spine 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 patient is a 62-year old male with an injury date of 04/20/10. Based on the 02/25/14 progress report, the patient complains of right shoulder pain. No positive exam findings were provided. The utilization review letter does not provide any information regarding the patient's injury either. The patient's diagnoses include the following: 1.Recurrent tear of the right shoulder with adhesive capsulitis, impingement of the shoulder and degenerative arthritis acromioclavicular joint 2.Status post manipulation, arthroscopy of the right shoulder, extensive debridement, subacromial decompression, complete Mumford procedure, posterior capsule release and revision rotator cuff tear March 4, 2013 3.Status post closed manipulation right shoulder September 18, 2013 4.Status post right shoulder subacromial decompression, debridement and rotator cuff repair June 25, 2010 The utilization review determination being challenged is dated 08/15/14. There was one progress report provided from 02/25/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines support the use of NSAIDs for chronic low back pain, chronic pain Page(s): 22,60.

Decision rationale: According to the 02/25/14 report, the patient presents with right shoulder pain. The request is for Naproxen Sodium 550 Mg #40. The report with the request was not provided. There is no indication of when the patient began taking this medication, nor is there any discussions provided as to how Naproxen Sodium has helped the patient's pain and function. MTUS Guidelines support the use of NSAIDs for chronic low back pain per page 22. It is also supported for other chronic pain conditions. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, there is lack of any documentation regarding what Naproxen Sodium has done for the patient's pain and function and why it's prescribed, as required by MTUS page 60. Therefore, Naproxen Sodium 550mg #40 is not medically necessary.