

Case Number:	CM14-0163338		
Date Assigned:	10/09/2014	Date of Injury:	02/01/2013
Decision Date:	11/24/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/03/2014

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 Internal 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 patient is an injured worker who status is post left shoulder surgery. Date of injury was 2-21-13. Progress report dated 6/17/14 documented that the patient is status post left shoulder surgery with a history of left carpal tunnel syndrome and right shoulder pain and headaches. History includes left shoulder adhesive capsulitis. Mechanism of injury was lifting. Left shoulder surgery was performed December 2013. The patient has a history of blood clot. Medication was Norco 5/325. Physical examination was documented. Left deltoid muscle had mild atrophy. Left forward flexion was 70 degrees. Acromioclavicular joint was tender. Cervical spine demonstrated tenderness and decreased range of motion. Left arm demonstrated weakness. Diagnoses included status post left shoulder surgery with adhesive capsulitis, status post left carpal tunnel syndrome, right shoulder strain, left shoulder myofascial pain. Treatment plan included physical therapy. MRI magnetic resonance imaging of the left shoulder with the date of service 05/30/14 documented a history of left shoulder pain, decreased range of motion and left shoulder surgery. The MRI report impression was status post interval surgery with postsurgical changes of the left shoulder with extensive artifact obscuring the soft tissue and bony detail of the left shoulder with a small amount of bone marrow reactive edema in the superior left glenoid and without otherwise evident acute MR abnormality of the left shoulder. The office visit note dated 09/15/14 documented that the patient complained of right shoulder pain and headaches. The patient was status post left shoulder and carpal tunnel surgery. The patient was feeling stiff. Examination of the left shoulder revealed there was mild atrophy of the deltoid muscle on the left side. Apley scratch test was painful on the left side. Range of motion with forward flexion was measured at 70 degrees. There was tenderness noted at the acromioclavicular joint. Examination of the cervical spine revealed there was paraspinal spasm. There were also trigger points located at the trapezius and rhomboids. Deep tendon reflexes were normal bilaterally. There was pain

with range of motion which was reduced. There was an abnormal sensory exam and weakness at the left arm. The patient was temporary total disabled. The patient was diagnosed with right shoulder strain, left shoulder myofascial pain and carpal tunnel syndrome. The patient was status post left shoulder surgery with adhesive capsulitis and left carpal tunnel surgery in 12/2013. Utilization review determination date was 9/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs non-steroidal anti-inflammatory drugs Page(s): 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC (complete blood count) and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Medical records indicate chronic occupational injuries. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Medical records do not present recent laboratory test results, which are recommended for NSAID use per MTUS. No recent blood pressure measurements were present in the available medical records. Per MTUS, routine blood pressure monitoring is recommended. Medical records document a history of blood clot. NSAIDs are associated with an increased risk of serious cardiovascular thrombotic events. The use of the NSAID Naprosyn is not supported by medical records and MTUS guidelines. Therefore, the request for Naprosyn 500mg #60 is not medically necessary.