

Case Number:	CM14-0165794		
Date Assigned:	10/15/2014	Date of Injury:	11/12/2009
Decision Date:	11/20/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/08/2014

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 Occupational 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:

CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and shoulder pain reportedly associated with an industrial injury of November 12, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; unspecified amounts of physical therapy; and reported return to work. In a Utilization Review Report dated September 19, 2014, the claims administrator apparently denied a request for Naprosyn, stating that there was no evidence of objective benefit with the same. The applicant's attorney subsequently appealed. In a March 5, 2014 progress note, the applicant was described as status post multiple shoulder surgeries. The applicant stated that she was performing home exercises. The applicant was working full time in an alternate role in the food department of her hospital. The applicant was using capsaicin, Protonix, and Naprosyn, it was acknowledged. The applicant was asked to return to regular duty work. The applicant stated that she wanted to return to her original role as a licensed vocational nurse. In a May 14, 2014 progress note, the applicant stated that she was using Naprosyn on an as-needed basis. The applicant stated that she was not experiencing symptoms of heartburn at present. 1-3/10 baseline pain was noted versus 5/10 with flare-ups. The applicant was apparently working in a part-time modified role at a rate of four hours a day. On July 9, 2014, the applicant stated that she was planning to attend school to become a respiratory therapist. The applicant stated that her shoulder pain was well controlled, that she was using medications sparingly, that she did not need any refills at present. On September 3, 2014, the applicant received a refill of Naprosyn. The applicant was again returned to regular duty work on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Usage Of Naproxen-Anaprox DS 550mg #90 (9-3-14): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent a traditional first line of treatment for various chronic pain conditions, including the chronic shoulder pain reportedly present here. The applicant has demonstrated functional improvement with ongoing Naprosyn usage as evinced by her successful return to work. The applicant is reporting appropriate decrements in pain achieved as a result of ongoing Naprosyn usage. The applicant appears to be using Naprosyn quite sparingly, if and when she develops flares of pain. Usage of the same was therefore indicated, for all of the stated reasons. Therefore, the request is medically necessary.

Prospective Usage Of Naproxen Anaprox DS 550mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic. Page(s): 22.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, including the chronic shoulder pain present here. The applicant has demonstrated a favorable response to Naprosyn as evinced by her continued reports of analgesia achieved with the same and as evinced by her maintenance of successful return to work status. Continuing the same, on balance, is indicated. Therefore, the request is medically necessary.