MAXIMUS Federal Services

Case Number:	CM14-0021059		
Date Assigned:	02/21/2014	Date of Injury:	09/04/2006
Decision Date:	08/07/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	01/08/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 58-year-old female who has submitted a claim for carpal tunnel syndrome, lower extremity and upper extremity pain, superior glenoid labrum tear, myofascial pain, s/p right shoulder surgery, associated with an industrial injury date of September 4, 2008. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated February 11, 2014, showed pain in the left shoulder and between the shoulder blades. The patient used topical analgesic primarily and took pain medications as needed for increased pain only. The pain fluctuates with activity. Physical examination revealed decreased range of motion of left shoulder and left upper extremity. There was tenderness of the left trapezius muscle with hypertonicity associated. There was tenderness on the left parascapular area. Treatment to date has included bilateral hand and right shoulder surgery (2011), acupuncture treatment, TENS (transcutaneous electrical nerve stimulation), home exercise program, and medications such as Naproxen Sodium as early as October 2013. Utilization review from Deember 10, 2013 denied the request for the purchase of Naproxen Sodium 550mg because the treating providers dispensed the medication without providing the frequency of use. Also, the treating provider did not provide documentation that prior use of the medication allowed the patient to realize functional improvement as defined by the current guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

Decision rationale: As stated in the Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on naproxen as early as October 2013. However, the recent progress reports failed to document the functional benefits derived from its use. Moreover, the frequency of intake and the quantity to be dispensed were not specified. The request is incomplete. The medical necessity was not established. Therefore, the request for naproxen sodium 550 mg is not medically necessary or appropriate.