

<b>Case Number:</b>	CM14-0029801		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	07/21/2011
<b>Decision Date:</b>	12/22/2014	<b>UR Denial Date:</b>	02/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

This 58 year old male sustained a work related injury on 07/21/2011. The injury occurred when he was taking a heavy linen cart down a ramp. He was holding the cart while waiting on an automatic door to open. The cart was too heavy causing him to begin having pain in the left shoulder and left side of the neck and achiness in the left wrist and hand. As of an evaluation on 01/23/2014, the injured worker complained of left shoulder pain and difficulty raising above shoulder as well as strenuous activity or lifting with the arm. Activities such as dressing and lifting heavy objects aggravated the pain. Massaging and heat helped relieve the pain. The injured worker also complained of left neck pain that was mostly on the left side of the neck and radiated to the forearm area in the extensor area that comes and goes. Pain was worsened with prolonged neck positioning, repetitive neck movement or strenuous activity. Medications included Advil one to two per day and did not help all of the time. Work history included light duty work with a 45 pound lifting, pushing and pulling restriction and no at or above shoulder level work with the left, which he was tolerating. Physical examination revealed normal reflexes, normal sensation in both upper extremities to light touch, normal usual gait, no limp, normal heel walk and toe walk and negative Romberg test with eyes closed. The injured worker could tandem walk. Motor exam revealed normal muscle strength in the upper extremities except left shoulder abduction flexion due to pain. Cervical exam revealed tenderness and muscle spasm or tightness of the left extending trapezius region. Left shoulder exam showed 3 arthroscopic scars well healed. On palpation there was slight tenderness of the AC region noted. Impingement testing was negative. Diagnoses included left shoulder pain status post arthroscopic surgery x 2 (01/2012 and 11/29/2012) with residual of difficulty with at or above the shoulder level work and strenuous activity with the left shoulder and cervical strain mostly

left sided with persistent symptoms since the date of injury, rule out discogenic cause of persistent pain. Left wrist and hand strain initially, has remained resolved at the time i.e. cured. Plan of care included modified work with no lifting, pushing or pulling more than 45 pounds and no at or above the shoulder level work with the left shoulder. Authorization request was made for an MRI of the cervical spine to rule out discogenic cause of persistent neck pain. A request was made for Naproxen Sodium 550mg one tablet twice a day as needed for pain and inflammation since the over-the-counter anti-inflammatory medication was not helping. Operative reports and radiographic imaging reports were not submitted for this review. On 02/20/2014, Utilization Review non-certified MRI of the neck spine that was requested on 02/13/2014. According to the Utilization Review physician, there were no unequivocal objective findings that identify specific nerve compromise on the neurologic examination and plain films were not obtained. In regards to Naproxen, a specific number was not requested and the certification was modified. The UR decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**MRI (Magnetic Resonance Imaging) cervical spine w/o dye:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180. Decision based on Non-MTUS Citation Official Disability Guidelines (Neck and Upper Back Chapter)

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

**Decision rationale:** MRI (Magnetic Resonance Imaging) cervical spine w/o dye is not medically necessary per the MTUS Guidelines. The guidelines state that the criteria for ordering imaging studies are emergence of a red flag; physiologic evidence of tissue insult or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery or clarification of the anatomy prior to an invasive procedure. The documentation does not reveal evidence of progressive neurologic dysfunction, red flag conditions or preparation for surgery. The request for MRI (Magnetic Resonance Imaging) cervical spine w/o dye is not medically necessary.

**Naproxen Sodium 550mg one 2x a day (BID):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46. Decision based on Non-MTUS Citation Official Disability Guidelines (Pain Chapter)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management NSAIDS Page(s): 7 and 67-68.

**Decision rationale:** Naproxen Sodium 550mg one 2x a day (BID) is not medically necessary as written per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that

Naproxen can be prescribed for pain at 250-500 mg PO (by mouth) twice daily. The guidelines state that there is inconsistent evidence for the use of these medications to treat long term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The request as written, however does not indicate a quantity. The MTUS states that the physician should tailor medications and dosages to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. The physician should be knowledgeable regarding prescribing information and adjust the dosing to the individual patient. Without clarification of a quantity the request for Naproxen Sodium 550mg one 2x a day (BID) is not medically necessary.