

<b>Case Number:</b>	CM14-0036918		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	08/30/2007
<b>Decision Date:</b>	07/25/2014	<b>UR Denial Date:</b>	02/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 Orthopedic Surgery, 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:

The injured worker is a 39-year-old female who was reportedly injured on August 30, 2007. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated May 15, 2014, indicated that there were ongoing complaints of left shoulder pain. The physical examination demonstrated slightly decreased left shoulder range of motion and tenderness at the anterior glenoid. There was a diagnosis of left shoulder impingement syndrome. Naproxen, Tylenol 3 and Prilosec were prescribed and physiotherapy was recommended. A request was made for naproxen, Tylenol 3, and Prilosec and was not medically necessary in the pre-authorization process on February 26, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 250mg QD:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67.

**Decision rationale:** Naproxen is an anti-inflammatory medication and is the mainstay of orthopedic injuries such as the injured employee's shoulder injury. This request is for half of the normal dosage. This request for naproxen is medically necessary.

**Tylenol #3 BID PRN:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 78.

**Decision rationale:** According to the most recent progress note dated May 15, 2014, there was a request for a refill of Tylenol #3; however, there was no mention of its past efficacy, its ability to help the injured employee function or to help her accomplish activities of daily living. There was also no mention of side effects or screening for aberrant behavior. For these reasons, this request for Tylenol #3 is not medically necessary.

**Prilosec 20mg BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009) Page(s): 67.

**Decision rationale:** Prilosec is a proton pump inhibitor sometimes prescribed for gastrointestinal side effects secondary to non-steroidal anti-inflammatory drug usage. Although the injured employee was prescribed naproxen, there was no mention in the note dated May 15, 2014, that the injured employee had any gastrointestinal symptoms secondary to naproxen. This request for Prilosec is not medically necessary.