

<b>Case Number:</b>	CM14-0069664		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	09/28/2006
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/14/2014

### 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 and is licensed to practice in Nevada. 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 records presented for review indicate that this 47-year-old female was reportedly injured on 28 September 2006. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated April 9, 2014, indicates that there are ongoing complaints of right shoulder pain. Current medications include Naprosyn and Tramadol. The physical examination demonstrated decreased range of motion with forward flexion to 90, abduction to 80, external rotation to 65, and internal rotation to 20. There was a positive impingement test. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes right shoulder surgery and three weeks of participation in the [REDACTED] program a request had been made for Naproxen and Tramadol and was not certified in the pre-authorization process on May 1, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66 & 73.

**Decision rationale:** According to the attached medical record the injured employee has participated in a [REDACTED] program which is designed to teach coping skills with pain and decreased medication usage. Additionally there is no documentation regarding the efficacy of naproxen for this individual. Considering this, the request for naproxen 500 mg is not medically necessary.

**Tramadol 50mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82, 113.

**Decision rationale:** According to the attached medical record the injured employee has participated in a [REDACTED] program which is designed to teach coping skills with pain and decreased medication usage. Additionally there is no documentation regarding objective pain relief or increased ability of tramadol to increase the injured employee's ability to function and participate in activities of daily living. Considering this, the request for tramadol 50 mg is not medically necessary.