

Case Number:	CM14-0071003		
Date Assigned:	07/14/2014	Date of Injury:	11/06/2013
Decision Date:	09/10/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 Pain 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:

This is a patient with a date of injury of 11/6/13. A utilization review determination dated 4/23/14 recommends non-certification of naproxen. 3/26/14 medical report identifies "coverage is for the concussion, neck, right shoulder, right elbow and right wrist as well as tenosynovitis on the forearms bilaterally." The patient also has issues with sleep, depression, anxiety, and sexual dysfunction. He feels that he has gained some weight. On exam, abduction is 130 degrees, tenderness along the rotator cuff, positive impingement sign, Hawkins' positive, cross arm positive, and tenderness along the biceps tendon. Recommendations include shoulder surgery, physiatry consult, neurology consult, nerve studies, consultation for depression, TENS, neck pillow, hot/cold wrap, soft and rigid brace, Flexeril, naproxen, Neurontin, Protonix, Vicodin, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium Tablet 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 67-72.

Decision rationale: Regarding the request for naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that naproxen is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement to support ongoing use of this medication. In the absence of such documentation, the currently requested naproxen is not medically necessary.