

<b>Case Number:</b>	CM14-0086374		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	12/10/2008
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Medicine and Acupuncture 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 54year old female injured worker with a date of injury of 12/10/08 with related left shoulder pain. Per progress report dated 2/11/14, examination of the left shoulder revealed positive impingement test. There were 3 + tenderness noted over the AC (acromioclavicular) joint, coracoid process, bicipital groove, deltoid bursae and GH (glenohumeral) joint on the left. There were 3+ pains with range of motion. MRI of the left shoulder dated 2/13/14 revealed some arthritic changes of the acromioclavicular joint; and some tenosynovitis of the biceps tendon. The documentation does not state whether physical therapy was utilized. She has been treated with medication management. The date of UR decision was 5/3/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective: Anaprox 550mg, #60 DOS: 3/19/14: Overturned**

**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 NSAIDS Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state with regard to NSAIDs: "Osteoarthritis (including knee and hip): Recommended at the lowest dose for the

shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function."As per the latest applicable progress report, the injured worker continued complaining of shoulder pain. The MTUS does not mandate documentation of functional improvement for the ongoing use of NSAIDs. The request is medically necessary.