

Case Number:	CM14-0087218		
Date Assigned:	07/23/2014	Date of Injury:	04/09/2013
Decision Date:	09/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/10/2014

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 Internal 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:

The injured worker is a 47 year old female who is reported to have sustained work related injuries on 04/09/13. The record indicates that the injured worker ultimately underwent a rotator cuff repair on 08/08/13. She is noted to have chronic postoperative shoulder pain. Records indicate that the injured worker's treating provider has placed her on naproxen 500 mg to address the postoperative inflammation and pain. Most recent examination shows mild limitation in range of motion. The injured worker is noted to have 4+/5 rotator cuff strength. She was to continue with home therapy and she was recommended to take Naproxen 500 mg twice a day. The record contains a utilization review determination dated 05/13/14 in which a request for Naproxen 500 mg with 3 refills was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 Refills of Naproxen 500 Mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

Decision rationale: The request for 3 refills of Naproxen 500 mg is recommended as medically necessary. The submitted clinical records indicate that the injured worker is status post rotator cuff repair. She is noted to have been progressing during the recovery period; however, she is noted to have postoperative inflammation and pain which is responsive to Naproxen 500 mg twice daily. As such, there is sufficient clinical information provided to establish the medical necessity for the continued use of Naproxen 500 mg, and therefore the request is recommended as medically necessary.