

Case Number:	CM14-0097210		
Date Assigned:	09/16/2014	Date of Injury:	08/11/1997
Decision Date:	11/17/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 70 year old female who was injured on 8/11/1997. She was diagnosed with rotator cuff syndrome and impingement syndrome of the right shoulder, fracture of the lateral malleolus, cervical denerative disc disease, Arnold-Chiari malformation, and lumbar pain with radiculopathy. She was treated with NSAIDS, opioids, muscle relaxants, and topical analgesics. Her medical history was significant for hypertension, heart disease, and anxiety disorder. The most recent progress note prior to the request was dated, 4/24/14, when the worker was seen by her orthopedist complaining of her chronic right shoulder, low back, and left ankle pain. She reported using medications (aspirin, Vicodin, Flexeril, Prilosec, lisinopril, ibuprofen, and Celebrex) and using a walker. Physical examination revealed morbid obesity and limited walking due to pain. A urine drug screen was performed and she was then recommended to continue her medications, except to stop the ibuprofen. Later, around 6/4/2014, a request was made for the addition of Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen (Anaprox) 550 mg tablet Quantity: 60 for symptoms related to right shoulder, low back, left ankle: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The

Pharmacological Basis of Therapeutics, 12th Ed. McGraw Hill, 2006; Physician's Desk Reference, 68th Ed.; www.RxList.com

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, it seems inappropriate to use NSAIDs chronically, considering her age and medical history (hypertension, heart disease). In particular, it seems unnecessary to use both Naproxen and Celebrex, if this was the intention when the request was made. Also, there was no evidence to suggest that the worker had experienced an acute flare-up of her pain that might warrant a short course of an NSAID. Therefore, the Naproxen is not medically necessary and inappropriate to use in this case.