

<b>Case Number:</b>	CM14-0177889		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	01/17/2014
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Emergency 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 patient with reported date of injury on 1/17/2014. Mechanism of injury is described as occurring while carrying a heavy item. Patient has a diagnosis of shoulder sprain/strain, R impingement syndrome, cervicogenic headaches, hand/wrist sprain/strain and R neck muscle spasms. The patient also has history significant for diabetes, stomach ulcers and liver problems. Medical reports reviewed. Last report available until 9/16/14. Patient has R shoulder and neck pain described as burning and tingling. Pain is 3.5/10. Note mentions concern about his elevated blood sugar and blood pressure. Objective exam reveals R shoulder with tenderness to AC joint, tightness, spasms over R trapezius muscles. Range of motion is mildly decreased mostly at abduction and internal rotation. ROM causes pain. Positive adduction test and impingement sign is positive. Neurological and motor exam is normal. Review of records show that patient has been on other NSAIDs such as Etodolac since 4/2014. The progress note states that Naproxen and Cymbalta was restarted due to hypertension. The patient has also been treated with physical therapy, medications, shoulder injections and chiropractic. The MRI of R shoulder (7/8/14) revealed partial tears of supraspinatus and infraspinatus tendons. Small fluid in sub deltoid bursa. Partial tear to subscapularis tendon. Tear and/or fraying of biceps tendon. Current medicaments include Lodine and Cymbalta. Independent Medical Review is for Naproxen 500mg #60. Prior UR on 10/3/14 recommended non-certification of Naproxen. It approved Nortriptyline and Cymbalta. A UR dated 10/13/14 was reviewed but is not related to this review.

### 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:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and Cardiovascular Risks Page(s): 68-69.

**Decision rationale:** Naproxen is a Non-steroidal anti-inflammatory drug(NSAID). As per MTUS Chronic Pain guidelines, NSAIDs is recommended for short term treatment or for exacerbations of chronic pains. It is mostly recommended for osteoarthritis. It may be used for chronic pains but recommendations are for low dose and short course only. There are significant side effects if used chronically. The Patient has been on Etodolac(another NSAID) chronically for pain and now has noted increasing hypertension. The decision was to switch to Naproxen. However, all NSAIDs can increase high blood pressure. While continued NSAID may be warranted, the provider does not seem aware that changing of NSAIDs may not improve blood pressure and that chronic use of NSAIDs require close monitoring and plan. The provider has also failed to document appropriate response to NSAID therapy such as improvement in pain or function. Due to lack of documentation of benefit and signs of risks without adequate awareness, the request for Naproxen is not medically necessary.