

Case Number:	CM14-0188798		
Date Assigned:	11/19/2014	Date of Injury:	06/03/2013
Decision Date:	01/07/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/12/2014

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 Pennsylvania. 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 44-year-old woman sustained injury on 6/3/13. The mechanism of injury was not documented in the reviewed records. On 7/15/14 she was referred to a chiropractor. On 8/6/14 she complained of right shoulder pain with radiation down the right arm into the right hand and right elbow tenderness. Right shoulder radiographs (undated) were reported to show degenerative changes of the acromioclavicular (AC) joint, and a MRI was reported to show findings consistent with supraspinous tendinosis, bicep tendinosis, an effusion, and bursitis. The right shoulder motion was mildly abnormal in with tenderness in the lateral aspect. The right wrist and hand had pain and tenderness. The submitted and reviewed documentation concluded the worker was suffering from right shoulder tendinosis, bursitis, right elbow epicondylitis, and right wrist sprain. Pain was assessed as a moderately severe impairment. On 9/3/14 treatment recommendations included chiropractic therapy, right wrist shockwave therapy, neurodiagnostic studies, and urine drug screen testing. On 9/9/14 the injured worker complained of left knee discomfort and swelling. A MRI was reported to show findings consistent with an anterior cruciate ligament (ACL) tear. Treatment recommendations included a neck brace and orthopedic evaluation. On 9/18/14 the injured worker received extracorporeal shockwave therapy. A Utilization Review decision was rendered on 10/27/2014 recommending non-certification for sixty tablets of Naproxen-DR tab 500mg because the documentation did not demonstrate improved pain intensity with this medication or indicate the inherent risks of the long-term use were outweighed by improved function as suggested by the MTUS Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen DR tab 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

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

Decision rationale: Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing right arm pain that went to the wrists and pain in the right shoulder, elbow, and wrist. There was no discussion describing improved pain intensity, function, and/or quality of life with the use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for sixty tablets of naproxen-DR 500mg is not medically necessary.