

<b>Case Number:</b>	CM14-0198374		
<b>Date Assigned:</b>	12/08/2014	<b>Date of Injury:</b>	04/03/2009
<b>Decision Date:</b>	01/21/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Physical Medicine Rehab 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 51 year old female sustained a work related injury on 4/3/2009. The mechanism of injury was not described. The current diagnoses are right shoulder supraspinatus tear and fraying of the subscapularis tendon, status post right shoulder surgery times two (2010 and 2011), cervical radiculopathy, cervical spondylosis C5-6, and right C5-6 foraminal stenosis. According to the progress report dated 9/16/2014, the injured workers chief complaints were right shoulder pain, 6/10 on a subjective pain scale, cervical pain with bilateral upper extremity symptoms (5/10), right greater than left and bilateral wrist and hand pain (6/10). The injured worker reports heightened function with medication at current dosing. She indicated that ADL's are maintained with medication including shopping for groceries, very light household duties, preparing food, grooming, and bathing. The physical examination revealed right shoulder tenderness with markedly limited range of motion with pain. There was crepitation with range of motion and atrophy of the right deltoid musculature noted. Cervical and bilateral wrist/hand exam was unchanged. On this date, the treating physician prescribed Naproxen Sodium, which is now under review. In addition to Naproxen Sodium, the treatment plan included medication, physical therapy of the cervical spine, and follow-up appointment. When Naproxen Sodium was prescribed work status was temporarily totally disabled. On 11/15/2014, Utilization Review had non-certified a prescription for Naproxen Sodium. The Naproxen Sodium was non-certified based on no clear documentation as to what specific overall functional benefit has been achieved. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right shoulder supraspinatus tear and fraying of the subscapularis tendon, status post right shoulder surgery x2, cervical radiculopathy, cervical spondylosis C5-6, and right C5-6 foraminal stenosis. In addition, there is documentation of chronic pain. Furthermore, given documentation that Naproxen provides an average of two point decrease in pain (scale of 10) and increased range of motion, there is documentation of functional benefit as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen 550 mg #90 is medically necessary.