

Case Number:	CM15-0019105		
Date Assigned:	02/09/2015	Date of Injury:	09/08/2009
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 67-year-old male who reported an injury on 09/08/2009. The mechanism of injury was cumulative trauma. The documentation indicated the injured worker had a history of cirrhosis of the liver in 2013. The injured worker underwent an arthroscopic rotator cuff repair; subacromial decompression; excision spur, inferior right clavicle; and extensive debridement on 10/14/2014. The mechanism of injury was not provided. The documentation was dated 08/04/2014. There was no documentation dated 03/17/2014. The treatment plan for 08/04/2014 included a surgical consultation. The injured worker had cervical spine tenderness and pain with pain to rotation and flexion. The injured worker had a frozen right shoulder and pain to internal and external rotation and left shoulder abduction and elevation up to 150 degrees. The injured worker had lumbar spine spasms, tenderness, and pain with restricted range of motion. The diagnoses included cervical spine sprain and strain, frozen right shoulder, lumbar spine sprain and strain with radiculopathy, myofasciitis, tendinitis left knee, anxiety and distress, and sleep difficulties.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Naproxen 550mg #60 dispensed 03/17/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and NSAIDs (Non-Steroidal Anit-inflammatory drugs) Page(s): 22, 70.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that NSAIDS are recommended for short term symptomatic relief of low back pain. It is generally recommended that the lowest effective dose be used for all NSAIDS for the shortest duration of time consistent with the individual patient treatment goals. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation submitted for review failed to provide documentation of 03/17/2014 to indicate the injured worker had objective functional improvement and an objective decrease in pain. Additionally, there was a lack of documentation of laboratory studies as the injured worker had a history of liver cirrhosis and NSAIDS are to be used cautiously in injured workers with liver cirrhosis. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for retrospective naproxen 550 mg #60 dispensed 03/17/2014 is not medically necessary.