

<b>Case Number:</b>	CM15-0142462		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	07/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 47-year-old, female who sustained a work related injury on 1-23-09. The diagnoses have included lumbar disc displacement without myelopathy, psychogenic pain, pain in shoulder joint, chronic pain and chronic pain syndrome. Treatments have included cortisone injection left shoulder, oral medications, physical therapy for right shoulder, and bilateral sacroiliac joint injections with relief for right side. In the Visit Note dated 5-22-15, the injured worker reports low back and right shoulder pain. Low back pain is severe. She reports her pain is becoming so severe she can barely sit for a couple of minutes. She states the use of 2 ibuprofen and 4 Tramadol has significantly improved her right shoulder pain. On physical exam, she has normal muscle tone in all four extremities. Strength in right arm is 4 out of 5 for arm abduction, forearm flexion and forearm extension. She is currently not working. The treatment plan includes requests for physical therapy and refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg Qty: 90.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

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

**Decision rationale:** This 47 year old female has complained of back pain and shoulder pain since date of injury 1/23/2009. She has been treated with steroid injections, physical therapy and medications to include Naproxen since at least 04/2015. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 3 months. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. Based on this lack of documentation, Naproxen is not indicated as medically necessary in this patient.