

Case Number:	CM15-0143983		
Date Assigned:	08/04/2015	Date of Injury:	02/10/2012
Decision Date:	08/31/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/24/2015

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: Arizona, California

Certification(s)/Specialty: Family Practice

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 43-year-old female who sustained an industrial injury on 02-10-2012. There was no mechanism of this injury documented. The injured worker was diagnosed with shoulder joint pain and cervicobrachial syndrome. No surgical interventions were documented. Treatment to date has included diagnostic testing, physical therapy, functional restoration program (FRP) and medications. According to the primary treating physician's progress report on July 7, 2015, the injured worker reported increased shoulder and wrist pain rated at 7 out of 10 on the pain scale since a recent re-injury in June 19, 2015. Examination of the right shoulder demonstrated tenderness to palpation over the anterior right shoulder joint. Range of motion was decreased by 40% with abduction and flexion, 30% decreased with extension and 20% decreased with internal rotation and full range of motion on external rotation. Impingement sign was negative on the right shoulder. Examination of the cervical spine noted tenderness to palpation along the paraspinal muscles with muscle tension into the right upper trapezius. Range of motion of the cervical spine was noted to be decreased by 20% with flexion and bilateral rotation with full range of motion on extension. Motor strength was mildly decreased with right hand grip noted as 4 out of 5 and decreased sensation to light touch along the right dorsal hand and right forearm. Deep tendon reflexes were 1 plus and equal at the biceps, triceps and brachioradialis. Current medications are listed as Gabapentin, Trazodone, Nabumetone, Venlafaxine, Flector patches, Prilosec and Terocin lotion. Treatment plan consists of physical therapy for the right shoulder and upper extremity, discontinue Nabumetone, continuing with full duty work without

restrictions and the current retrospective request for Naproxen Sodium-Anaprox 550mg (DOS: 07-07-15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Naproxen Sodium-Anaprox 550mg #90 (DOS 07/07/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment for Workers' Compensation, 2015 web-based edition; http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for several months in combination with topical NSAIDS, which can reach systemic levels similar to oral NSAIDS. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The use of Naproxen is not medically necessary.