

Case Number:	CM15-0145253		
Date Assigned:	08/07/2015	Date of Injury:	07/18/2012
Decision Date:	09/17/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/27/2015

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: New York

Certification(s)/Specialty: Internal Medicine

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 62-year-old female, with a reported date of injury of 07-18-2012. The mechanism of injury was a trip and fall forward. The injured worker's symptoms at the time of the injury included left shoulder pain. The diagnoses include status post left proximal humerus fracture dislocation, left shoulder pain, status post surgery, and adhesive capsulitis with history of migraines. Treatments and evaluation to date have included oral medications, acupuncture therapy, and home exercises. The diagnostic studies to date have included an MRI of the cervical spine on 04-23-2015 which showed left C3-4 uncovertebral spondylosis, resulting in moderate narrowing of the left neural foramen, a posterior central disc protrusion at C2-3, and mild broad-based right lateralizing bulging disc at C5-6; an MRI of the left shoulder on 04-23-2015 which showed mild degenerative changes of the acromioclavicular joint, a small amount of fluid within the subacromial-subdeltoid bursa, and labral tearing. According to the qualified medical evaluation report dated 02-26-2014, the injured worker had x-rays of the left shoulder on 07-18-2012 which showed left surgical neck humerus fracture with probable displacement of the humeral head; electrodiagnostic studies on 03-07-2013 that showed no evidence of any radiculopathy of the left upper extremity, mild left ulnar nerve entrapment at the elbow, and moderate chronic denervation in the left triceps due to left C7 radiculopathy versus local trauma; and a CT scan of the left upper extremity on 07-18-2012 which showed a mild intra-articular fracture of the left humeral head and neck. The pain management re-evaluation report dated 05-18-2015 indicates that the injured worker stated that she has been doing okay; however, recently the pain got worse when driving for a prolonged period of time. She reported some increased

migraines secondary to neck and low back pain. The current pain level was rated 6 out of 10 without medications, and 1 out of 10 with medication. It was noted that the medications helped. The injured worker had occasional constipation, diarrhea, and upset stomach. The physical examination showed a soft and non-tender abdomen; intact sensation to light touch; weakness in the left upper extremity; decreased range of motion of the left shoulder; tenderness to palpation over the upper trapezius muscle, scapular border, and lumbar paraspinal muscles; positive Hawkins and cross-arm tests on the left shoulder; and tenderness over the left bicipital tendon. The treatment plan included the refill of Naproxen for inflammation and pain. The injured worker's work status was not indicated. The treating physician requested Naproxen 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-71. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) NSAIDs.

Decision rationale: Naproxen is a non-steroidal anti-inflammatory drug (NSAID). Oral NSAIDs are recommended for the treatment of chronic pain and control of inflammation as a second-line therapy after acetaminophen. ODG states that NSAIDs are recommended for acute pain, osteoarthritis, acute low back pain (LBP) and acute exacerbations of chronic pain, short-term pain relief in chronic LBP, and short-term improvement of function in chronic LBP. There is no evidence of long-term effectiveness for pain or function. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. Guidelines recommended that the lowest effective dose be used for the shortest duration of time consistent with treatment goals. In this case, the patient had prior use of on NSAIDs without any documentation of significant improvement. There was no documentation of subjective or objective benefit from use of this medication. Medical necessity of the requested medication has not been established. The request for Naproxen is not medically necessary.