

<b>Case Number:</b>	CM15-0190321		
<b>Date Assigned:</b>	10/02/2015	<b>Date of Injury:</b>	04/23/2010
<b>Decision Date:</b>	11/12/2015	<b>UR Denial Date:</b>	09/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/28/2015

### 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 Jersey

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 54 year old male who sustained an industrial injury on April 23, 2010. Physicians progress notes dated February 25, 2105 reported subjective complaint of "left shoulder pain." He is status post 2nd left shoulder arthroscopy January 2014. "Everything is going well and great on the left side," "problems with right shoulder," stable lately. He finds the "Voltaren gel to be most helpful." The pain is now worse with the colder winter weather. There is note of "has failed over three months of conservative therapy." Previous treatment to include: activity modification, medication, physical therapy, rest, trigger point injections, and surgery. "Medications help about 60%, but sleep is an increasing problem." The impression noted the worker with: shoulder pain; adhesive capsulitis of shoulder; adhesive capsulitis of shoulder; PTSD; depressive syndrome; insomnia; osteoarthritis of shoulder; shoulder pain; rotator cuff injury; rotator cuff syndrome, left. Current medications consisted of: Naproxen Sodium and Voltaren gel and noted not used together. Primary follow up dated May 2015 reported medication regimen consisted of: Voltaren gel, Naproxen, and Skelaxin. On September 01, 2015 a request was made for naproxen Sodium that was noncertified by Utilization Review on September 05, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 375mg #60 with 2 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, recent notes stated that the worker had improved significantly and was able to successfully stop Norco and naproxen, and only used topical Voltaren gel for the shoulder pain. Therefore, renewal of the naproxen sodium is not medically necessary based on this evidence. Also, long-term use of naproxen would not be recommended in general.