

Case Number:	CM15-0196130		
Date Assigned:	10/09/2015	Date of Injury:	04/09/2012
Decision Date:	11/19/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 51 year old male with an industrial injury date of 04-09-2012. Medical record review indicates he is being treated for right shoulder acromioclavicular joint arthrosis. Subjective complaints (09-02-2015) included cervicogenic headache. The treating physician documented the injured worker had completed 6 physical therapy sessions with benefit to right shoulder and has noted improvement in cervical spine pain. The injured worker complained of pain in the acromioclavicular joint described as "throbbing, cold and numbing." The pain was rated as 2-3 at best in a.m., 5-6 out of 10 at end of work day and 8-9 at worst. Current pain level was rated as 5-6 out of 10. Without medication the injured worker rated the pain "8-9 or higher." The pain was rated as 2-3 out of 10 with medications. The treating physician indicated medications as well as physical modalities and exercises learned in physical therapy are proving effective in maintaining the patient's pain levels, function, range of motion and overall sense of comfort, allowing the patient to continue performing activities of daily living and house hold chores independently and to function at work. Work status (09-02-2015) is documented as "without restrictions." His medications included Norco, Naproxen and Gabapentin. Medical record review indicates the injured worker was receiving Anaprox at the 02-11-2015 visit. Prior treatments included medications and physical therapy. Objective findings 9-02-2015) are documented as "significant" improvement from previous exam. On 09-11-2015 the request for Naproxen 550 mg #60 with 2 refills was denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines, page 22, anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. (Van Tulder-Cochrane, 2000) A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. There is no evidence of long-term effectiveness for pain or function. In particular, for the treatment of osteoarthritis the guidelines recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In this case the injured worker has been taking Naproxen since at least 2/11/15. Long term use or effectiveness is not recommended by the guidelines. Therefore the request is not medically necessary.