

Case Number:	CM15-0199392		
Date Assigned:	10/14/2015	Date of Injury:	05/19/2004
Decision Date:	12/01/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/09/2015

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: California, North Carolina
 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, with a reported date of injury of 05-19-2004. The diagnoses include post-traumatic end-stage arthritis of the shoulder. Treatments and evaluation to date have included steroid injection into the right shoulder, three Synvisc injections (no benefit), physical therapy (no benefit), right shoulder surgery in 2004, and Advil. The diagnostic studies to date have not been included in the medical records provided. The doctor's first report dated 09-03-2015 indicates that the injured worker complained of intermittent right-sided neck pain with constant tightness in the trapezius and constant mild to severe right shoulder pain with occasional numbness radiating down the arm. The objective findings include normal lordosis of the cervical spine; no tenderness or spasm of the paracervical, trapezius, rhomboid, and midline musculature; cervical flexion at 90 degrees; cervical extension at 80 degrees; decreased motor strength in the right deltoid; no atrophy and swelling of the right shoulder; slight subacromial and glenohumeral joint tenderness; and equivocal right impingement sign, apprehension test, and crossover arm test. It was noted that x-rays of the cervical spine showed normal contour and alignment and slight to moderate C6-7 disc space narrowing; and x-rays of the right shoulder showed severe narrowing of the glenohumeral joint, flattening of the humeral head, and two metallic anchors in the anterior aspect of the glenoid. It was noted that the injured worker was currently working regular duties. It was also noted that the injured worker was maximally medically improved and was capable of performing his usual and customary duties. The injured worker was prescribed Naprosyn to be taken twice a day consistently for the following four weeks. The request for authorization was dated 09-08-2015. The treating physician requested

Naprosyn 500mg #60 with two refills. On 09-15-2015, Utilization Review (UR) non-certified the request for Naprosyn 500mg #60 with two refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #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: CA MTUS states that NSAIDs such as Naprosyn are recommended for osteoarthritis at the lowest dose for the shortest time period in patients with moderate to severe pain. Long-term use is associated with increased GI and cardiovascular risks. There is no evidence to recommend one drug in this class over another based on efficacy. In this case, there is no evidence that over the counter acetaminophen or over the counter NSAIDs would not suffice. In this case, the patient has "end-stage post-traumatic arthritis" for which NSAIDs are unlikely to improve his condition. Therefore, the request is not medically necessary or appropriate.