

<b>Case Number:</b>	CM15-0201406		
<b>Date Assigned:</b>	10/16/2015	<b>Date of Injury:</b>	01/27/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/13/2015

### 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, Oregon, Washington  
 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:

This is a 27 year old male with a date of injury of January 27, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for status post right shoulder arthroscopy. Handwritten medical records dated July 27, 2015 indicate that the injured worker reported continued improvement of the right shoulder with pain rated at a level of 1 to 2 out of 10. A handwritten progress note dated August 26, 2015 documented a similar report to that noted on July 27, 2015. Per the treating physician (August 26, 2015), the employee had work modifications that included limited overhead work. The physical exam dated July 27, 2015 reveals "No changes in physical examination since last visit (June 22, 2015)" (report not provided). The progress note dated August 26, 2015 documented a physical examination that showed no abnormal findings. Treatment has included right shoulder arthroscopy, at least nine sessions of physical therapy, cortisone injection with mild relief of symptoms, and medications (Naproxen and Flurbiprofen cream since at least February of 2015). The original utilization review (September 10, 2015) non-certified a request for 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 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), NSAIDs, specific drug list & adverse effects.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 8/26/15. Therefore, the request is not medically necessary.