

Case Number:	CM15-0208182		
Date Assigned:	10/27/2015	Date of Injury:	01/10/2011
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/22/2015

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:

The injured worker is a 32 year old male with a date of injury on 01-10-2011. The injured worker is undergoing treatment for status post arthroscopic decompression of the left shoulder with biceps tenodesis on 05-15-2013, lumbosacral sprain with intermittent right radiculitis, disc protrusion at L5-S1, status post tarsal tunnel release of the right foot on 03-23-2012 with persistent symptoms, bilateral ulnar plus deformities of the wrist, status post release of tendon of the dorsum of the right wrist for snapping with resolution of snapping, painful metatarsophalangeal joint of the right foot and tear of the posterior aspect of the supraspinatus of the right shoulder with impingement consistent with rotator cuff tear. A physician progress note dated 08-27-2015 documents the injured worker has complaints of lumbar spine, shoulders, right wrist and right foot pain. On 07-23-2015, he has surgery on his right wrist and it is improving. He has continued diffuse pain in the right shoulder. Neer's, Hawkins and Whipple tests elicit pain. Impingement sign is positive. Yergason and Speed test elicit pain. He has pain in his lower back that at times radiates to his right lower extremity. He has a slightly positive straight leg test on the right. He has continued pain in the metatarsophalangeal joint of the right foot. He is not working. In a physician note dated 09-08-2015 documents the injured worker has continued pain in his right shoulder. There is pain over the anterior side of the shoulder toward the biceps. He also has painful catching. At times he gets pain so severe he can't move his shoulder. Impingement and Speed's test are positive. Treatment to date has included diagnostic studies, medications, physical therapy, home exercises; status post left shoulder arthroscopy, and steroid injections. The Request for Authorization dated 09-21-2015 includes Naproxen Sodium 550 mg Qty 60. On 09-24-2015, Utilization Review modified the request for Naproxen Sodium 550 mg Qty 60 to Naproxen Sodium 550 mg Qty 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 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 9/8/15. Therefore determination is non-certification. The request is not medically necessary.