

<b>Case Number:</b>	CM15-0209519		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	08/16/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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 58-year-old male who sustained an industrial injury on 8-16-2013. A review of the medical records indicates that the injured worker is undergoing treatment for pain in right shoulder and cervicalgia. According to the progress report dated 10-8-2015, the injured worker complained of right shoulder pain rated 6-10 out of 10. He complained of intermittent right neck pain that mostly occurred at night. He also complained of bilateral knee pain. He asked for Naproxen rather than Ibuprofen. Objective findings (10-8-2015) revealed the injured worker to be alert and oriented with no apparent distress. Treatment has included physical therapy, chiropractic treatment, acupuncture, transcutaneous electrical nerve stimulation (TENS) unit, epidural injections and medications. Current medications (10-8-2015) included Norco and Tramadol. A trial of Naproxen was ordered on 10-8-2015. The treating physician indicates that the urine drug testing result (10-8-2015) was positive for methadone and benzo, which were not his medication and that CURES showed an additional prescription for Tramadol. The original Utilization Review (UR) (10-16-2015) denied a request for Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60 Refill 1:** 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 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 10/8/15. Therefore, determination is not medically necessary.