

Case Number:	CM15-0020389		
Date Assigned:	02/10/2015	Date of Injury:	07/16/2011
Decision Date:	03/30/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/03/2015

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
 Certification(s)/Specialty: Internal Medicine

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 63 year old female, who sustained an industrial injury on 7/16/2011. The diagnoses have included rotator cuff sprain and strain, complete rupture of rotator cuff and adhesive capsulitis of shoulder. Treatment to date has included physical therapy and pain medication. The injured worker underwent right shoulder arthroscopy on 10/28/2014. According to the office visit dated 12/19/2014, the injured worker was status post right shoulder revision arthroscopic correction. She reported making slow progress with her home exercise program. She had been attending formal physical therapy and had noted decreased pain and increased range of motion. Treatment plan was to continue the home exercise program and formal physical therapy. She was given a prescription for Norco. According to the nurse note dated 1/21/2015, the injured worker called complaining of right shoulder pain. The injured worker was given a prescription for Anaprox 550mg one by mouth twice a day with meals. On 1/28/2015, Utilization Review (UR) non-certified a request for Anaprox 550mg #60 with two refills. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page 67-73.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines addresses NSAIDs (non-steroidal anti-inflammatory drugs). All NSAIDs have the U.S. Boxed Warning for associated risk of adverse cardiovascular events, including, myocardial infarction, stroke, and new onset or worsening of pre-existing hypertension. NSAIDs can cause ulcers and bleeding in the stomach and intestines at any time during treatment. Use of NSAIDs may compromise renal function. FDA package inserts for NSAIDs recommend periodic lab monitoring of a CBC complete blood count and chemistry profile including liver and renal function tests. Routine blood pressure monitoring is recommended. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. All NSAIDs have the potential to raise blood pressure in susceptible patients. Medical records document the long-term use of NSAIDs. Per MTUS, it is generally recommended that the lowest dose be used for NSAIDs for the shortest duration of time. Long-term NSAID use is not recommended by MTUS. Anaprox (Naproxen) is an NSAID. The request for Anaprox (Naproxen) #60 with 3 refills is not supported by MTUS guidelines. Therefore, the request for Anaprox (Naproxen) #60 with 3 refills is not medically necessary.