

<b>Case Number:</b>	CM15-0211491		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	11/12/2009
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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: Emergency 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 50 year old female, who sustained an industrial injury on 11-12-2009. Medical records indicate the worker is undergoing treatment for chronic pain and shoulder joint pain status post left shoulder arthroscopy. A recent progress report dated 9-30-2015, reported the injured worker complained of left shoulder pain rated 3-5 out of 10 and right shoulder pain. She uses Naproxen, which provides approximately 50% reduction in pain, as needed for pain but "does not wish to continue it due to constipation". Physical examination revealed left shoulder pain in abduction begins at 90 degrees and forward flexion begins at 75 degrees. Treatment to date has included surgery, physical therapy and medication management. The physician is requesting Naproxen-Anaprox DS 550mg #90. On 10-20-2015, the Utilization Review noncertified the request for Naproxen-Anaprox DS 550mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen/Anaprox DS 550 MG #90:** 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:** The requested Naproxen/Anaprox DS 550 MG #90 is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, pg. 22, Anti-inflammatory medications note for specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. The injured worker uses Naproxen, which provides approximately 50% reduction in pain, as needed for pain but "does not wish to continue it due to constipation". Physical examination revealed left shoulder pain in abduction begins at 90 degrees and forward flexion begins at 75 degrees. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen/Anaprox DS 550 MG #90 is not medically necessary.