

<b>Case Number:</b>	CM15-0030814		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	05/23/2011
<b>Decision Date:</b>	04/03/2015	<b>UR Denial Date:</b>	02/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 59 year old male, who sustained an industrial injury on 05/28/2011. He has reported left shoulder pain. The diagnoses have included left shoulder rotator cuff tear; left shoulder biceps tenosynovitis; left shoulder labral tear; and left shoulder bursitis. Treatment to date has included medications and TENS (transcutaneous electrical nerve stimulation) unit. Medications have included Naproxen, Flexeril, and Omeprazole. Surgical intervention has included a left shoulder arthroscopy, performed on 08/29/2013. An evaluation with a treating provider, dated 12/19/2014, documented the injured worker to report left shoulder pain. The treating physician noted the injured worker to have tenderness in the left bicipital groove and subacromial space; and positive Neer and Hawkins impingement signs. The treatment plan includes awaiting approval for left shoulder surgery. Request is being made for prescription pain medication. On 02/11/2015 Utilization Review noncertified a prescription for Naproxen #60. The CA MTUS was cited. On 02/19/2015, the injured worker submitted an application for IMR for review of Naproxen #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non steroid anti-inflammatory drugs (NSAIDS) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain, Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain, Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. The most recent medical records are handwritten and illegible and many other medical records are of poor quality due to photocopying. It is unclear as to the rationale for prescribing Naproxen to include the intended use. As such, the request for Naproxen #60 is not medically necessary at this time.