

<b>Case Number:</b>	CM15-0041454		
<b>Date Assigned:</b>	03/11/2015	<b>Date of Injury:</b>	12/15/2011
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 (IW) is a 42-year-old female who sustained an industrial injury on 12/15/2011. The right shoulder, right hip and cervical spine were affected. Diagnoses include right shoulder strain, impingement and tendinitis; cervical spine and trapezius sprain/strain with right upper extremity radiculopathy; 2mm disc protrusion at C6 and C7 with mild stenosis; status post right hip and thigh contusion with hip sprain/strain and greater trochanteric bursitis; and left hip greater trochanteric bursitis, sacroiliac joint dysfunction secondary to compensation for the right hip. Treatment to date has included medications, epidural steroid injections, facet blocks and rhizotomies, chiropractic treatment, surgery and pool therapy. Diagnostics performed were x-rays and MRIs. According to the progress notes dated 6/17/14, the IW reported some pain relief from the right sided facet rhizotomies at C6 and C7, but continued pain at those levels on the left side. The notes indicated the prescribed medications increased functional levels. The requested service was included in the provider's treatment plan.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67 - 69.

**Decision rationale:** The patient is a 42 year old female with an injury on 12/15/2011. She had a hip/thigh contusion, bursitis, right shoulder pain and neck pain. Anaprox is a NSAIDS medication. MTUS, chronic pain guidelines note that long term treatment with NSAIDS (years after the injury) is not a recommended treatment. NSAIDS are associated with GI, renal and cardiovascular adverse effects and decrease soft tissue healing. Anaprox is not medically necessary for this patient.