

<b>Case Number:</b>	CM15-0047100		
<b>Date Assigned:</b>	03/19/2015	<b>Date of Injury:</b>	09/25/2011
<b>Decision Date:</b>	04/24/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/12/2015

### 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: Florida

Certification(s)/Specialty: Neurology, Pain Management

### 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 September 25, 2011. The injured worker was diagnosed as having status post left shoulder arthroscopy and rule out impingement/rotator cuff pathology left shoulder. Treatment to date has included left shoulder arthroscopy on January 21, 2013, pain medications and TENS unit. Currently, the injured worker complains of left shoulder pain. In a progress note dated January 5, 2015, the treating provider reports examination reveals tenderness left shoulder and limited range of motion, atrophy left deltoid musculature and spasm of the left deltoid musculature/cervical trapezius decrease. The plan of care included pain medication and naproxen sodium.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium Tablets 550mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68-733, 63-64.

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

**Decision rationale:** The medical records provided for review support a condition of musculoskeletal pain but does not report persistent pain despite treatment with acetaminophen. MTUS supports the use of an NSAID for pain (mild to moderate) in relation to musculoskeletal type if first line trial of acetaminophen has failed or demonstrated intolerance. As such the medical records provided for review do not support the use of naproxen for the insured as there is no indication of persistent pain despite trial of acetaminophen. The request is not medically necessary.