

<b>Case Number:</b>	CM15-0055999		
<b>Date Assigned:</b>	04/01/2015	<b>Date of Injury:</b>	01/23/2009
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/24/2015

### 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: Physical Medicine & Rehabilitation

### 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 47 year old female, who sustained an industrial injury on January 23, 2009. She has reported lower back pain, right shoulder pain, and left hip pain. Diagnoses have included lumbar spine disc displacement, psychogenic pain, shoulder joint pain, and chronic pain syndrome. Treatment to date has included medications, physical therapy, sacroiliac joint injections, and imaging studies. A progress note dated February 26, 2015 indicates a chief complaint of lower back pain, right shoulder pain, left hip pain, gastroesophageal reflux disease, and upset stomach. The treating physician documented a plan of care that included medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

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

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient was injured on 01/23/2009 and presents with low back pain and right shoulder pain. The request is for NAPROXEN SODIUM 550 mg #90. There is no RFA provided and the patient has not reached maximal medical improvement. She is not permanent and stationary. Remained off work through next visit for injury of left shoulder and right shoulder. The patient has been taking naproxen sodium as early as 07/16/2014. MTUS Guidelines on anti-inflammatory page 22 states, 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 patient is diagnosed with lumbar disk displacement without myelopathy, psychogenic pain NEC, pain in joint shoulder, chronic pain NEC, and chronic pain syndrome. She has an antalgic gait, is moderately obese, has tenderness along her left hip joint, has pain in her left hip, reports a grinding in her hip which she feels is worsening, has tenderness over the lumbar paraspinal, and pain over the buttocks region. She has severe pain with range of motion of the right shoulder, a painful arc at about 50 degrees of the right shoulder, a positive Apley's scratch, and joint line tenderness over the joint. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater does not document any benefit the patient may be having for taking naproxen. There are no discussions provided regarding any change in pain and function. Therefore, the requested naproxen sodium IS NOT medically necessary.