

<b>Case Number:</b>	CM15-0084385		
<b>Date Assigned:</b>	05/06/2015	<b>Date of Injury:</b>	04/18/2014
<b>Decision Date:</b>	06/10/2015	<b>UR Denial Date:</b>	04/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, 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 52 year old female, who sustained an industrial injury on 04/18/2014 when she tripped and fell onto her left elbow and hip. She reported pain going up into her shoulder, neck and left hand. Diagnoses included left shoulder impingement and periscapular strain, cervical/trapezial musculoligamentous sprain/strain with left upper extremity radiculitis, left elbow contusion/strain, left wrist sprain and sleep difficulty secondary to chronic pain and difficulties. Treatment to date has included medications, x-rays, MRI and physical therapy. Following an MRI of the left shoulder, she was recommended for surgery but did not undergo. According to a partially handwritten progress report dated 02/13/2015, the injured worker reported 70 percent benefit to date following a left shoulder injection on 02/03/2015. She was able to sleep better. She was interested in surgery if left shoulder symptoms worsened. Pain level was rated 6-7 on a scale of 1-10. Objective findings demonstrated cervical spine, left elbow and left wrist were without changes. Examination of the left shoulder demonstrated decreased range of motion with increased pain in all planes. Medication regimen included Ultram ER, Anaprox and Norco. Pain was rated 5 on a scale of 1-10 with medications and 8 without medications. Duration of relief was 8 hours. Benefits of medications included ability to perform activities of daily living, improved participation in a home exercise program, ability to work, improved sleep pattern and improved participation in therapy program. Norco was discontinued. The provider requested authorization for Anaprox. Currently under review is the request for Anaprox DS 550mg #60 with 1 refill.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #60 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-72.

**Decision rationale:** Anaproxen is a brand of naproxen. Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. In the absence of such documentation, the currently requested Naproxen is not medically necessary.