MAXIMUS Federal Services

Case Number:	CM15-0084905		
Date Assigned:	05/07/2015	Date of Injury:	04/29/2012
Decision Date:	06/24/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/04/2015

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: 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 was a 54 year old female, who sustained an industrial injury, April 29, 2012. The injured worker previously received the following treatments physical therapy, Cyclobenzaprine, Tramadol ER, Naproxen, TENS (transcutaneous electrical nerve stimulator) unit, random laboratory toxicology studies negative for any findings, 6 chiropractic sessions, routine laboratory studies, cervical spine MRI and cold therapy. The injured worker was diagnosed with status post right shoulder surgery, cervical pain with upper extremity symptoms and right shoulder rotator cuff repair/subacromial decompression. According to progress note of March 6, 2015, the injured workers chief complaint was right shoulder pain. The pain was rated at 6 out of 10. The cervical pain was 6 out of 10 with right greater than left upper extremity symptoms. The medication at current dosing facilitates maintenance of activities of daily living with examples provided including light household duties, shopping for groceries, grooming and cooking. The injured worker was maintained with medication and improved function at current dosing. NSAIDS does facilitate improved range of motion and additional 2-point average on scale of 10 with a decrease in pain. The physical exam noted tenderness in the right shoulder. The arthroscopic portals were well-healed. Right shoulder range of motion was improving. The cervical range of motion was the percentage of normal flexion 50%, extension 40%, left and right lateral tilt 50%, and left rotation 50%. The treatment plan included a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550 mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications, Pain Outcomes and Endpoints Page(s): 22, 8.

Decision rationale: The patient presents on 04/01/15 with right shoulder pain rated 6/10, and cervical spine pain rated 6/10, which radiates into the bilateral upper extremities (right greater than left). The patient's date of injury is 04/29/12. Patient is status post unspecified right shoulder surgery at a date not provided. The request is for Naproxen SOD Tab 550mg #90. The RFA is dated 04/02/15. Physical examination dated 04/01/15 reveals tenderness to palpation of the right shoulder, well healed arthroscopic portal incisions, and decreased cervical range of motion in all planes. The patient is currently prescribed Tramadol, Naproxen, Pantoprazole, and Cyclobenzaprine. Diagnostic imaging was not included. Per 04/01/15 progress note, patient is classified as temporarily partially disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications 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. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBPMTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life."In regard to the continuation of Naproxen for this patient's chronic shoulder and cervical pain, the request is appropriate. Progress notes indicate that this patient has been taking Naproxen since at least 07/09/14. Addressing Naproxen efficacy, progress notes dated 03/06/15 and 04/01/15 state: "failed other 'first line' NSAIDs including IB, diclofenac sodium, ASA, and Cox-2 drug trials were non-efficacious and afforded no relief... additional 2 point average diminution in pain is achieved with this NSAID and reported/documented increase in range of motion..." Given the failure of other first-line options, the conservative nature of NSAID medications, and the provided documentation of pain reduction and functional improvement, continuation of Naproxen is substantiated. The request is medically necessary.