

<b>Case Number:</b>	CM15-0086751		
<b>Date Assigned:</b>	05/11/2015	<b>Date of Injury:</b>	07/09/2014
<b>Decision Date:</b>	06/12/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 53 year old female who sustained an industrial fall injury to her right shoulder, neck and back on 07/09/2014. The injured worker was diagnosed with right shoulder impingement, arthritis acromioclavicular joint, cervical facet arthropathy and cervical myospasm. Treatment to date has included diagnostic testing with cervical magnetic resonance imaging (MRI) in December 2014, physical therapy, pain management, right shoulder steroid injections (2/10/2015) and medications. According to the primary treating physician's progress report on March 31, 2015, the injured worker continues to experience neck and right shoulder pain. The injured worker rates her pain level at 8/10. There was no physical examination noted. A pain management report dated February 13, 2015 documented an examination of the cervical spine with decreased range of motion in all planes with positive Spurling's bilaterally. Myospasm with myofascial trigger points and referred pain along the cervical paraspinal, levator scapulae, rhomboids and trapezius right side greater than left side was documented. The right shoulder examination demonstrated pain with forward flexion and abduction. The injured worker was unable to internally rotate due to pain. Tenderness to palpation over the acromioclavicular joint, anterior, posterior joint line and subacromial bursa was noted with diminished sensation along the right upper extremity. Current medications are listed as Carisoprodol, Naproxen and Ultracet. Treatment plan consists of shoulder magnetic resonance imaging (MRI) and the current request for Naproxen.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **60 Tabs of Naproxen 550 MG: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use: 1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain: Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that the patient is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long the patient has been on naproxen, but the MTUS guidelines recommend against long-term use. The treating physician has not provided documentation of objective functional improvement with the use of this medication. As such, the request for 60 Tabs of Naproxen 550 MG is not medically necessary.