

<b>Case Number:</b>	CM15-0235236		
<b>Date Assigned:</b>	12/10/2015	<b>Date of Injury:</b>	11/01/2007
<b>Decision Date:</b>	01/14/2016	<b>UR Denial Date:</b>	11/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2015

### 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: Preventive Medicine, Occupational 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 68 year old female with a date of injury on 11-01-2007. The injured worker is undergoing treatment for bilateral carpal tunnel syndrome, presence of right and left artificial shoulder, adhesive capsulitis of the right and left shoulder, and primary osteoarthritis of the left and right shoulder. A physician progress note dated 10-20-2015 documents the injured worker presented for follow up of her bilateral shoulders. She states that she still has some pain in her left shoulder depending on her activity and activity level. She still has trouble lying on either side. Left shoulder range of motion forward flexion is to 150 degrees, abduction to approximately 120 degrees. Strength is good. Her right shoulder has active range of motion forward flexion is to 150 degrees, abduction to approximately 120 degrees, and strength is good throughout. He is doing well status post staged total shoulder arthroplasties. The treatment plan includes Anaprox, and physical therapy and return visit. Treatment to date has included diagnostic studies, medications, a home exercise program, use of ice and a brace. He is status post arthroscopy microfracture glenoid, chondroplasty, modified decompression, retention of 11-09-09, total left shoulder arthroplasty of 06-20-2012 and total right shoulder arthroplasty on 08-21-2013. The Request for Authorization dated 10-20-2015 includes Anaprox 550mg #120. On 11-17-2015 Utilization Review non-certified the request for Anaprox 550mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The use of NSAIDs is recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to Acetaminophen and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. There is a lack of functional benefit associated with the prior use of NSAIDs. The request for Anaprox 550mg #120 is determined to not be medically necessary.