

Case Number:	CM14-0158529		
Date Assigned:	10/02/2014	Date of Injury:	05/08/2004
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/26/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Medical records reflect the claimant is a 48-year-old male who sustained a work injury on 5/8/04. The office visit on 8/27/14 notes the claimant has chronic shoulder pain. On exam, he had positive mild impingement with mild painful arc. This claimant has been treated with physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg: Upheld

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

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 chapter - NSAIDs

Decision rationale: Chronic Pain Medical Treatment Guidelines, as well as the ODG, reflect that NSAIDs (non-steroidal anti-inflammatory drugs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is an absence of documentation in the submitted records of the medical necessity for the long term use of an

NSAID. There is no documentation of functional improvement with this medication. Therefore, the medical necessity of this request is not established.