MAXIMUS Federal Services

Case Number:	CM14-0183826		
Date Assigned:	11/06/2014	Date of Injury:	04/05/2010
Decision Date:	12/16/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/30/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in New Jersey. 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:

The patient is a 55-year-old old man who sustained a work-related injury on April 5, 2010. Subsequently, the patient developed chronic neck and shoulder pain. X-rays of the neck obtained in August 2012 showed a mild degenerative condition. MRI of the right shoulder dated May 8, 2013 showed mild acromioclavicular arthrosis. Narrow acromiohumeral space. No rotator cuff or labral tear was identified. MRI of the cervical spine dated May 8, 2013 showed:-C1-2: synovial hypertrophy, which produces mild thecal sac compression.-C3-4: mild bilateral facet arthrosis noted.-C5-6: a 2 mm broad-based disc protrusion, which mildly impresses on the thecal sac. Bilateral facet arthrosis and mild left neural foraminal narrowing were noted.-C6-7: 2.8 mm central disc protrusion, which mildly to moderately impresses on the thecal sac. Ligamentum flavum hypertrophy was noted.According to a progress report dated March 25, 2014, the patient complained of constant moderate cervical pain that was described as aching, burning and sharp. The patient reported that the pain was over the right side of the neck and radiated to the right clavicle. There were also complaints of frequent slight to moderate right shoulder pain that the patient described as aching. The patient reported that the pain occasionally radiated to the right side of the clavicle. The patient reported anxiety and insomnia as well. Examination of the cervical spine revealed a +2 spasm and tenderness to the bilateral paraspinal muscles from C2 to C7, bilateral suboccipital muscles and right upper shoulder muscles. There was a trigger point to the right stemocleidomastoid muscle. Cervical spine range of motion was restricted by pain.axial compression test was negative bilaterally. Shoulder depression test was positive on the right. There was slight inflammation of the right SC joint. Examination of the shoulder revealed a +2 spasm and tenderness to the right rotator cuff muscles and right upper trapezius. The range of motion was restricted by pain. Codman's test was negative. speeds test was positive on the right. Supraspinatus test was positive on the right. The patient was diagnosed with cervical spondylosis

with myelopathy, bursitis and tendinitis of the right shoulder, piriformis syndrome of the left hip, anxiety, and sleep disorder. The provider requested authorization for Naproxen sodium.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen sodium 550 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 66.

Decision rationale: According to MTUS guidelines, Naproxen is indicated for relief of pain related to osteoathritis and back pain for the lowest dose and shortest period of time. There is no documentation that the shortest and the lowest dose of Naproxen was used. The patient was prescribed NSAID without documentation of pain and functional improvement. Therefore, the prescription of Naproxen Sodium 550MG #60 is not medically necessary.