

Case Number:	CM14-0095312		
Date Assigned:	09/15/2014	Date of Injury:	08/23/2009
Decision Date:	10/15/2014	UR Denial Date:	05/28/2014
Priority:	Standard	Application Received:	06/23/2014

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 Occupational Medicine and is licensed to practice in Colorado. 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 injured worker is a 64 year old male with a date of injury on 8/23/09. He has a diagnosis of rotator cuff/impingement syndrome and the request is for 60 Anaprox. He was seen on 4/10/14 and 6/11/14 by his treating physician for chronic left shoulder pain. There were no clinical findings pertaining to the shoulder noted on exam. The exam noted good grooming and personal hygiene and mental status normal.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Anaprox DS tab 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (non steroidal anti-inflammatory drug).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

Decision rationale: The injured worker has a 5 year old injury and the medical records provide minimal information relating to the right shoulder in that no clinical exam findings are provided to support medication treatment. Also, the medication is being utilized for an unsupported condition per the medical treatment guidelines. The medical treatment guidelines support the use of Anaprox in the treatment of osteoarthritis or in chronic back pain. The requested medication is

not medically necessary as it is being prescribed for a condition that is not recommended for the use of this medication per the medical treatment guidelines.