

<b>Case Number:</b>	CM14-0213864		
<b>Date Assigned:</b>	12/31/2014	<b>Date of Injury:</b>	06/03/2013
<b>Decision Date:</b>	03/05/2015	<b>UR Denial Date:</b>	12/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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. 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:

Patient is a 44 year-old female with dates of cumulative trauma injury 09/1/2012-09/30/2013. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 11/05/2014, lists subjective complaints as pain in the bilateral shoulders, arms, wrists and knees. PR-2 supplied for review was handwritten and illegible. Objective findings: Examination of the bilateral upper extremities revealed range of motion was restricted in the bilateral shoulders in all directions. Positive impingement sign bilaterally. Tenderness to palpation was noted for the medial and lateral epicondyles of the elbows bilaterally. Diagnosis: 1. Impingement syndrome, right shoulder 2. Lateral epicondylitis, bilateral 3. Sprain/strain, knee. 4. Sprain/strain, hand, right. The medical records supplied for review document that the patient has been taking the following medication for at least as far back as four months. Medication: 1. Naproxen 550mg, #90 (no SIG provided).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg quantity 90:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Naproxen 550mg quantity 90 is not medically necessary.