

Case Number:	CM15-0005979		
Date Assigned:	01/27/2015	Date of Injury:	04/05/2010
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/19/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 56 year old male, who sustained a work related injury on 4/5/10. The diagnoses have included cervical sprain/strain, degenerative disc disease of C5-6, right shoulder strain with osteoarthritis and right sternoclavicular pain. Treatments to date have included x-rays, MRI of right shoulder, injection into right sternoclavicular joint, 12 chiropractic treatments, acupuncture and physical therapy. The injured worker complains of chronic right shoulder pain. He rates the pain an 8/10. On 12/23/14, Utilization Review non-certified a prescription request for Naprosyn 550mg. #60 with 1 refill. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 550mg 1 tablet BID #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-Steroidal Anti-Inflammatory drugs) Page(s): 67-68.

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

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, who had been using Naprosyn chronically leading up to this request for renewal, there was insufficient evidence to suggest significant functional and pain-reducing benefit with continual use. Although the worker had osteoarthritis, the minimal pain reduction and no reported functional benefits contrasted with the significant potential side effects from chronic use, the Naprosyn will be considered medically unnecessary to continue.