

<b>Case Number:</b>	CM15-0010566		
<b>Date Assigned:</b>	01/28/2015	<b>Date of Injury:</b>	07/26/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/20/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 43 year old male, who sustained an industrial injury on 7/26/2012. The diagnoses have included adhesive capsulitis of the shoulder and rotator cuff sprain and strain. Treatment to date has included cortisone injections and nonsteroidal anti-inflammatory drugs. Surgical history included left shoulder arthroscopy. According to the office visit dated 12/19/2014, the injured worker stated that his left shoulder felt somewhat better than his last visit, but overall felt that there was not much change. He was noted to have good range of motion, but had difficulty with certain activities such as taking off his jacket. The injured worker was currently taking Naproxen sodium 550mg daily; he was also using a topical compound cream. Physical exam demonstrated full range of motion. He was cleared to return to work full duty. On 12/30/2014, Utilization Review (UR) non-certified a request for Naproxen 550mg #120, noting that there was no documented objective benefit or functional improvement from this medication. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain interventions and treatments [www.dir.ca.gov/t8.ch4\\_5sb1a5\\_5-2](http://www.dir.ca.gov/t8.ch4_5sb1a5_5-2).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications NSAIDs (non-steroidal anti-inflammatory drugs) Medications for.

**Decision rationale:** This patient presents with left shoulder pain. The treater has asked for NAPROXEN 550mg #120 on 10/30/14 . The patient has been taking Naproxen since 5/14/14 report. Review of reports from 5/14/14 to 9/16/14 do not show any pain relief or functional improvement from the use of Naproxen. The treater states that the patient uses Naproxen "with good results" per 10/30/14 report. Regarding NSAIDS, MTUS recommends usage for osteoarthritis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short term symptomatic relief. Regarding medications for chronic pain, MTUS pg. 60 states, "A record of pain and function with the medication should be recorded." In this case, the patient has been using Naproxen since 5/14/14 and includes recent documentation of "good results." There is no specific documentation, however, regarding pain relief or any functional improvement that has been attributed to the use of Naproxen. MTUS requires the documentation of pain and function for ongoing use of medication for chronic pain. The request IS NOT medically necessary.