

Case Number:	CM15-0010961		
Date Assigned:	01/28/2015	Date of Injury:	05/01/2013
Decision Date:	03/18/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	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: Emergency 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:

The injured worker is a year old male who sustained a work related injury on May 1, 2013, after lifting 250 pounds of fish with a co-worker working as a fish cutter. He suffered right shoulder and arm pain with numbness. Treatment included medications and a right dorsal forearm injection. In September 2013, he had a Magnetic Resonance Imaging (MRI) performed and a right shoulder arthroscope with a clavicle resection. He followed up with physical therapy, and pain medications. Last progress note is dated 12/4/14, the injured worker continues to complain of limited movement, neck pain, numbness and pain in the right shoulder. Pain is burning and worst at night. Objective exam reveals tenderness to acromion and distal clavicle. Positive' neer and crossover. Negative Hawkins. Decreased range of motion. Strength of 4/5 in rotator cuff muscle. Medications listed include Norco and Naproxen. Was also on Tramadol and flexeril. Pt has chronically been on naproxen. On January 28, 2015, a request for a prescription of Naproxen 500mg #60 was non-certified by Utilization Review, noting the California Medical Treatment Utilization Schedule guidelines for Chronic Pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Naproxen 500mg between 12/11/2014 and 1/31/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk, and Osteoarthritis

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

Decision rationale: Naproxen is an NSAID. As per MTUS Chronic pain guidelines, NSAIDs are useful of osteoarthritis related pain. Due to side effects and risks of adverse reactions, MTUS recommends as low dose and short course as possible. Patient has been on naproxen chronically for over a year with no documentation of any significant benefit. Chronic use of naprosyn is not recommended due significant long-term side effects. Naprosyn is not medically necessary.