

Case Number:	CM15-0117224		
Date Assigned:	06/25/2015	Date of Injury:	02/23/2012
Decision Date:	07/24/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	06/17/2015

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 (n) 41-year-old male, who sustained an industrial injury on 2/23/12. He reported pain in his left shoulder. The injured worker was diagnosed as having rotator cuff syndrome, acromioclavicular syndrome, chronic pain and myalgia. Treatment to date has included physical therapy, shoulder surgery x 3 and a home exercise program. Current medications include Neurontin, Prilosec, Armour Thyroid and Anaprox since at least 1/19/15. As of the PR2 dated 6/1/15, the injured worker reported worsening of the neck and shoulder pain. He rates his pain an 8-9/10 without medications and a 5-6/10 with medications. Objective findings include a positive Hawkin's sign, tenderness to palpation in the acromioclavicular joint and tenderness over the facet joints. The treating physician requested to continue Anaprox 550mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pg. 22, Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested Anaprox 550 MG #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note, "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatory are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has worsening of the neck and shoulder pain. He rates his pain an 8-9/10 without medications and a 5-6/10 with medications. Objective findings include a positive Hawkin's sign, tenderness to palpation in the acromioclavicular joint and tenderness over the facet joints. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Anaprox 550 MG #60 is not medically necessary.