

<b>Case Number:</b>	CM15-0124077		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	05/06/2014
<b>Decision Date:</b>	08/06/2015	<b>UR Denial Date:</b>	06/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, California  
 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:

This is a 65 year old female patient, who sustained an industrial injury on 5/6/14. The diagnoses have included pain in the shoulder joint, pain in joint of pelvis and thigh, pain in joint of the lower leg and disorders of the sacrum. Per the physician progress note dated 6/3/15, she had complains of right shoulder pain, low back pain and left ankle pain. She is status post cortisone injection to the left ankle with difficulty with ambulation. The injection had benefit for about two weeks. She continues with low back pain with radiation to the left lower extremity (LLE) and buttocks. She also has right shoulder pain especially with forward flexion. She notes benefit from Naproxen with 20 percent pain decrease with functional benefit of increased tolerance to walking and standing. She reports having heartburn. The physical examination revealed an antalgic gait, spasm and guarding in the lumbar spine, range of motion of the right shoulder limited in forward flexion at 150 degrees and internal rotation at 60 degrees, positive Impingement signs, tenderness to palpation around the lateral aspect of the left ankle. The current medications included Naproxen and Omeprazole. Treatment to date has included medications, cortisone injection, acupuncture, physical therapy, heating pad, seat pad, ice, work restrictions and other modalities. The urine drug screen dated 5/6/15 was consistent with the medications prescribed. The physician requested treatment included Naproxen Sodium 550mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications page 22; NSAIDs page 67.

**Decision rationale:** Naproxen Sodium 550mg #60. Naproxen is a NSAID. CA MTUS page 67 states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has had right shoulder pain, low back pain and left ankle pain. She has had significant findings on physical examination-an antalgic gait, spasm and guarding in the lumbar spine, range of motion of the right shoulder limited in forward flexion at 150 degrees and internal rotation at 60 degrees, positive Impingement signs, tenderness to palpation around the lateral aspect of the left ankle. NSAIDs are considered first line treatment for pain and inflammation. The request for Naproxen Sodium 550mg #60 is medically appropriate and necessary for this patient to use as prn to manage his chronic pain.