

<b>Case Number:</b>	CM15-0171965		
<b>Date Assigned:</b>	09/14/2015	<b>Date of Injury:</b>	03/27/2013
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/01/2015

### 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: 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 43-year-old female who sustained an industrial injury on 3-27-13. A review of the medical records indicates she is undergoing treatment for brachial neuritis or radiculitis, shoulder impingement, carpal tunnel syndrome, gastroduodenal disorders, and anxiety disorder. Medical records (4-9-15 to 8-17-15) indicate ongoing complaints of right shoulder and right elbow pain. The physical exam reveals restricted range of motion in the "shoulders and wrists" (7-13-15). The right elbow was noted to be "within functional limits" (8-17-15). She is status post arthroscopic surgery on 9-30-14. The 4-9-15 progress report indicates that she had "finished physical therapy", which was transitioned to a home exercise program and that she was "doing well" and had "excellent range of motion". The physical exam also revealed that she was experiencing trapezial spasms (4-9-15). Her medications include Naproxen sodium 550mg, 1 tablet every day, Omeprazole 20mg every day, Capsaicin 0.025% cream - apply to affected area twice daily, Carisoprodol 350mg twice daily, and Tylenol #3, 1 tablet twice daily as needed for pain. Diagnostic testing has included an MR arthrogram of the right shoulder, which showed a "near complete tear of supraspinatus tendon" (8-17-15). A request for an MRI of the right elbow was made "to rule out any tears since she is having restricted range of motion as well as increased pain". Treatment has included medications, a request for chiropractic treatment, physical therapy, and a TENS unit. The chiropractic treatment approval expired prior to the onset of treatment and an extension request was made. The request for authorization, dated 8-17-15, included "Naproxen sodium 550mg, refills-2". The utilization review (8-27-15) indicates modification for Naproxen 550mg, #30, with no refills.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg (unspecified quantity):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The MTUS/Chronic Pain Medical Treatment Guidelines comment on the use of NSAIDs, including Naproxen, as a treatment modality for pain. In general, NSAIDs are recommended for the short-term treatment of specific types of pain. The specific recommendations are as follows: Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. There is no evidence of long-term effectiveness for pain or function. Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In addition, evidence from the review suggested that no one NSAID, including COX-2 inhibitors, was clearly more effective than another. In this case, the request for Naproxen includes an unspecified amount. The medical records indicate that Naproxen has been used as a long-term treatment strategy for this patient's symptoms. As noted in the above cited guidelines, only short-term treatment is recommended. Therefore, a request for an unspecified supply of Naproxen is not medically necessary. In the Utilization Review process, the request was modified for approval of #30 tablets of Naproxen 550mg in order to manage short-term exacerbations of pain. This action is consistent with the above-cited MTUS guidelines.