

Case Number:	CM15-0179404		
Date Assigned:	09/21/2015	Date of Injury:	07/29/2013
Decision Date:	12/03/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	09/11/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 31 year old male with an industrial injury dated 07-29-2013. A review of the medical records indicates that the injured worker is undergoing treatment for right shoulder impingement and bursitis, thoracic sprain and strain, protrusion T8-9, right shoulder labral tear, right shoulder acromioclavicular joint (AC) osteoarthropathy and protrusion L4-5 and L5-S1 with bilateral foraminal stenosis. According to the progress notes dated 05-12-2015 and 06-30-2015, the injured worker reported right shoulder pain and low back pain with lower extremity symptoms. Pain level was 7 out of 10 for right shoulder pain and 6 out of 10 for low back pain on a visual analog scale (VAS). Medications included Hydrocodone, Tramadol, NSAID, Naproxen (since at least February of 2015) and Cyclobenzaprine. The injured worker reported that the medication does facilitate maintenance of activities of daily living including necessary household duties, shopping for groceries, grooming and simple food preparation and cooking. Medication also facilitates maintenance of health activity level and adherence to physical methods. The injured worker reported favorable significant objective improvement with medication including greater activity level and greater function. Objective findings (02-03-2015, 03-03-2015, 04-16-2015, 05-12-2015, 06-30-2015) revealed tenderness at acromioclavicular joint, positive subacromial bursitis and impingement. Thoracic and lumbar exam revealed tenderness of the paraspinal musculature, spasms, decreased range of motion, diminished sensation in the left L5 and S1 dermatomal distributions and diffuse decreased motor strength in right upper extremity. Treatment has included diagnostic studies, prescribed medications, 12 sessions of postoperative physical therapy to right shoulder and periodic follow up visits. Urine drug screen dated 02-03-2015 was inconsistent for Hydrocodone, Tramadol and Amitriptyline. The utilization review dated 08-13-2015, non-certified the request for retrospective request for Naproxen 550mg TID #90-DOS 6-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen 550mg TID #90 - DOS 6/30/2015: 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, GI symptoms & cardiovascular risk.

Decision rationale: Retrospective request for Naproxen 550mg TID #90 - DOS 6/30/2015 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on Naproxen for an extended period without evidence of objective increase in function. The request for continued Naproxen is not medically necessary, as there is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.