

<b>Case Number:</b>	CM15-0029275		
<b>Date Assigned:</b>	02/23/2015	<b>Date of Injury:</b>	07/02/2013
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	02/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/17/2015

### 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: Arizona, 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 52 year old male, who sustained an industrial injury on July 2, 2013. He has reported pain in the shoulder, neck, low back and radiating pain into the left upper extremity. The diagnoses have included cervicalgia. Treatment to date has included radiographic imaging, diagnostic studies, physical therapy, pain medications and work restrictions. Currently, the IW complains of pain in the shoulder, neck, low back and radiating pain into the left upper extremity. The injured worker reported an industrial injury in 2013, resulting in the above pain. He reported a left shoulder injury when attempting to lift 100 pound poles. He was treated with pain medications and physical therapy. Little benefit was reported with the physical therapy. He was hospitalized in July, 2015 for incision and drainage of an abscess. Evaluation on February 6, 2015, revealed continued pain. On February 7, 2015, Utilization Review non-certified a request for Naproxen 550mg 60 tablets, noting the MTUS, ACOEM Guidelines, (or ODG) was cited. On February 17, 2015, the injured worker submitted an application for IMR for review of requested Naproxen 550mg 60 tablets.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg 60 tablets:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for 8 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant's pain averaged 7-8/10 despite long-term use of Naproxen. Continued use of Naproxen is not medically necessary.