

Case Number:	CM15-0076392		
Date Assigned:	04/28/2015	Date of Injury:	09/25/2011
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/21/2015

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: Physical Medicine & Rehabilitation

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 57 year old male with an industrial injury dated 09/25/2010-09/25/2011 (cumulative trauma). His diagnoses included status post left shoulder arthroscopy and rule out impingement/rotator cuff pathology, left shoulder. Prior treatment included TENS unit, medications and surgery. He presents on 12/15/2014 with complaints of left shoulder pain rated as 6 on a scale of 1-10. Objective findings included tenderness in left shoulder with limited range of motion. The provider documents the injured worker has 2-3 point diminution in pain component with non-steroidal anti-inflammatory medications. Treatment plan included a request for post-operative MRI of the left shoulder; continue TENS, Tramadol and Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablets 550 mg Qty 90, 1 tablet 3 times daily (retrospective 2/23/15):

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Muscle relaxants (for pain) Page(s): 76-96. 71-73; 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: The patient was injured on 09/25/11 and presents with left shoulder pain. The request is for NAPROXEN SODIUM TABLETS 550 MG QTY 90, 1 TABLET 3 TIMES DAILY. The utilization review denial rationale is that "the patient had previous gastrointestinal upset with non-steroidal anti-inflammatory drugs. The documentation indicates the patient is exceeding the recommended dosage." The RFA is dated 03/30/15 and the patient is on temporary total disability. The patient has been taking this medication as early as 01/05/14. MTUS Guidelines on anti-inflammatory page 22 states, "Anti-inflammatories 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." There is tenderness of the left shoulder, a limited left shoulder range of motion, atrophy at the left deltoid musculature, and spasm of the left deltoid musculature. The patient is diagnosed with status post left shoulder arthroscopy and rule out impingement/rotator cuff pathology, left shoulder. The 02/23/15 report states that "medication at current dosing facilitates maintenance of ADLs with examples provided including light household duties, shopping for groceries, grooming, and cooking. Recalls frequent inability to adhere to recommended exercise regime without medication on board, due to pain, now maintained with medication. Specific examples provided in regards to objective improvement with medication on board including tolerance to activity and improved function at current dosing NSAID does facilitation improved range of motion and additional 2 point average on scale of 10 diminution in pain." For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. In this case, the treater benefits from Naproxen. Therefore, the requested Naproxen IS medically necessary.