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| <b>Case Number:</b>   | CM13-0015969 |                              |            |
| <b>Date Assigned:</b> | 04/23/2014   | <b>Date of Injury:</b>       | 07/19/2007 |
| <b>Decision Date:</b> | 06/11/2014   | <b>UR Denial Date:</b>       | 07/20/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/23/2013 |

### 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. The expert reviewer is Board Certified in Anesthesiology and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 57-year-old female with a date of injury of 07/19/2007. The patient's diagnoses include L4-L5 facet arthropathy, left C5-C6 and C6-C7 neuroforaminal stenosis, bilateral cervical radiculopathy, bilateral L5 radiculopathy, dizziness and headaches. On 06/28/2013 documentation includes the patients complaints of ongoing neck pain, headache, low back pain with left lower extremity radiation and bilateral shoulder pain. Documentation on 09/09/2013 includes the patients complaints of daily and ongoing neck pain, headache, bilateral shoulder pain and low back pain. In several notes throughout 2013 there is documented evidence of recommendation for Anaprox 550 mg #60, 1 tab PO BID.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 70-7.

**Decision rationale:** Anaprox, also known as Naproxen sodium, is a type of nonselective NSAID (Non-steroidal anti-inflammatory). The MTUS Chronic Pain Medical Treatment Guidelines

recommend the lowest effective dose for the shortest duration of time consistent with the patient's treatment goals. In this case, there is no documented information regarding the use of Anaprox in relation to this patient's treatment goals. In addition, there is no documented information to suggest this patient is achieving any kind of pain relief with Anaprox. Therefore, the request for Anaprox 550 mg #60 is not medically necessary and appropriate.