MAXIMUS Federal Services

| Case Number: | CM13-0035899 | | |
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| Date Assigned: | 04/09/2014 | Date of Injury: | 01/25/2011 |
| Decision Date: | 05/23/2014 | UR Denial Date: | 09/13/2013 |
| Priority: | Standard | Application Received: | 10/18/2013 |

## 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 Occupational Medicine 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 an employee of [redacted] and has filed a claim for cervical spine sprain/strain associated with an industrial injury date of January 25, 2011. A utilization review from September 12, 2013 denied the request for Anaprox 550 mg one tablet twice a day #90 due to no reported measurement or quantified functional improvement. The treatment to date has included physical therapy, aquatic therapy, acupuncture, epidural steroid injections, and oral pain medications. Medical records from 2011 through 2013 were reviewed showing the patient complaining of chronic neck pain rated at 6/10 with radiation to the left upper extremity. Medications help alleviate the pain. There is also chronic left shoulder pain rated at 7-8/10 as well as chronic low back pain rated at 8/10 with radiation into the bilateral lower extremities. On examination, the patient was noted to have decreased range of motion for the cervical and lumbar spines. There were noted spasms of the paravertebral muscles of the cervical and lumbar spines. There was no tenderness over the cervical spine area. Motor strength was relatively normal. There was noted decreased sensation over the second and third digits of the left hand. The patient has reached maximal medical improvement and is currently not working.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX 550 MG 1 TABLET 2X / DAY #90:** 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): 67-68.

**Decision rationale:** As stated on pages 67-68 of the California MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are useful in treating breakthrough and mixed pain conditions such as neuropathic pain, osteoarthritis, and back pain. There is no evidence for long-term effectiveness for pain and function. In this case, the patient has been taking Naproxen (Anaprox) since 2011. The patient has chronic pain and states that medications help despite consistently rating his pain as 6-8/10 for his low back, neck and shoulder. However, specific functional improvements from the use of this medication were not indicated such as increased ability to perform activities of daily living or increased work functions. Given no extenuating circumstances to continue the use of this medication, the request for Anaprox is not medically necessary.