

<b>Case Number:</b>	CM13-0038784		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	09/02/2000
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	09/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2013

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic back pain reportedly associated with cumulative trauma at work between the dates of September 2, 2000 through April 7, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; muscle relaxants; unspecified amounts of physical therapy over the course of the claim; and electrical muscle stimulation. In a Utilization Review Report dated September 12, 2013, the claims administrator denied a request for oral Naprosyn on the grounds that the applicant had failed to improve over the past year on Naprosyn. Non-MTUS ODG guidelines were apparently invoked in the denial. The applicant's attorney subsequently appealed. In an appeal letter dated February 15, 2013, the attending provider sought authorization for home health services/caregiver services for the applicant. On March 1, 2013, the applicant was given prescriptions for Norco and Ativan, it was further noted. On March 14, 2013, the applicant was given prescriptions for Naprosyn, tizanidine, and Norco, again through preprinted checkboxes, with little or no narrative commentary. In an April 22, 2013 progress note, the applicant was described as off of work, on total temporary disability, despite ongoing usage of Naprosyn, Norco, and tizanidine. The note was extremely difficult to follow, handwritten, not entirely legible. The applicant presented with multifocal neck, mid back, low back, shoulder, wrist, and knee pain. On April 11, 2013, the applicant was described as having H. pylori positive dyspepsia aggravated by prescription medications, including prescription Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines . MTUS Page 69, NSAIDs, GI Symptoms, and Cardiovascular Risk topic.2. MTUS 9792.20f Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has apparently developed dyspepsia with ongoing Naprosyn usage. Discontinuing the same appears to be a more appropriate option than continuing the same. It is further noted that ongoing usage of Naprosyn has failed to effect any lasting benefit or functional improvement as defined in MTUS 9792.20f. The applicant remains off of work, on total temporary disability. Significant pain complaints persist. Ongoing usage of Naprosyn has failed to curtail the applicant's continued usage of opioids such as Norco. All of the above, taken together, imply a lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of Naprosyn. Therefore, the request is not medically necessary.