

<b>Case Number:</b>	CM13-0052574		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/15/2012
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/08/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/15/2013

### 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 Preventive 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:

According to the records made available for review, this is a 42-year-old with a November 15, 2012 date of injury. At the time of request for authorization for Naproxen Sodium 550mg #60 with three refills (November 6, 2013), there is documentation of subjective (chronic low back pain radiating to the bilateral lower extremities and bilateral knee pain) and objective (decreased lumbar range of motion with spasms and guarding) findings, current diagnoses (lumbosacral spondylosis, bilateral pain in the lower legs, and lumbar sprain/strain), and treatment to date (Naproxen since at least May 8, 2013). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NAPROXEN SODIUM 550MG #60 WITH 3 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Section..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, as well as the 9792.20 Medical Treatment Utilization Schedule (MTUS) Definitions Index P.

**Decision rationale:** The Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of lumbosacral spondylosis, bilateral pain in the lower legs, and lumbar sprain/strain. In addition, there is documentation of chronic low back pain. However, given documentation of ongoing treatment with Naproxen since at least 5/8/13, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of use of Naproxen. The request for Naproxen sodium 550 mg, sixty count with three refills, is not medically necessary or appropriate.