

<b>Case Number:</b>	CM14-0007933		
<b>Date Assigned:</b>	02/10/2014	<b>Date of Injury:</b>	07/16/2012
<b>Decision Date:</b>	07/21/2014	<b>UR Denial Date:</b>	01/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/17/2014

### 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 a 21-year-old male who has submitted a claim for lumbar strain and left ankle sprain associated with an industrial injury date of 07/16/2012. Medical records from 07/06/2012 to 02/20/2014 were reviewed and showed that patient complained of persistent sharp, pain, graded 7-10/10 with pins and needles sensation over the left ankle. There was persistent pain graded 7-10/10 over the lower back radiating to the left knee and right foot. Both lower back and left ankle pain were aggravated with prolonged standing and interfered with activities of daily living. Physical examination revealed no lumbar paravertebral muscle tenderness and asymmetry or scoliosis of the lumbar spine. Full ROM was noted with lumbar flexion, extension, lateral flexion, and rotation. There was absence of erythema, bony deformity, and crepitus of the left ankle. Edema was noted. Motor muscle strength was intact for bilateral extremities except for left great toe extension (3/5) and left ankle dorsiflexion and plantarflexion (2/5). There was diminished sensation in the L3, L4, and L5 dermatomes of the lower extremities. Negative bilateral Hoffman's test was noted. CT scan of the left ankle dated 6/13/2013 revealed 8mm ossification adjacent to the anterior superior aspect of the calcaneus consistent with a remote fracture, mild degeneration and fragmentation of the anterior aspect of the talus at the tibiotalar joint, small ossification anterior to the lateral malleolus in the region of the anterior talofibular ligament also consistent with a remote ligamentous injury, mild Achilles enthesopathy, and mild subcutaneous edema. X-ray of the left foot done 6/13/2013 revealed no acute osseous abnormalities, mild Achilles enthesopathy, and mild soft tissue swelling. Treatment to date has included physical therapy, oxycodone 10/325mg TID #30, Cyclobenzapine 10mg, Ibuprofen 800mg TID #90 started 1/30/13, Percocet 10/325 QD, Motrin 800mg BID, Restoril 30mg QHS, and Ultram 50mg #42. Utilization review, dated 01/10/2014, denied the request for prescription

of Naproxen 550mg BID #40 because it appeared that the patient has been on NSAIDs long-term. There did not appear to be evidence that the patient has improved functionally on NSAIDs.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NAPROXEN 550MG PO BID #42:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (Non-Steroidal Anti-Inflammatory Drugs) NSAIDS Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 68.

**Decision rationale:** As stated on page 68 of the CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. In this case, the patient has been prescribed NSAIDs since 1/30/13. However, there was no clear evidence or statement of pain or functional relief. Long-term use is likewise not recommended. Therefore, the request for NAPROXEN 550 MG BID #42 is not medically necessary.