

<b>Case Number:</b>	CM14-0016251		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	05/23/1997
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 60-year-old female with a date of injury of 05/23/1997. The listed diagnoses per [REDACTED] are: 1. Chronic low back pain, residual of 2 lumbar surgeries, 2005 and 2012. 2. Cervical strain with intermittent radicular symptoms to the left upper extremities. According to report dated 12/11/2013, the patient presents with low back and neck pain. It was noted that patient was "advised to hold the naproxen and that has improved the bruising." She was instructed to only use non-steroidal anti-inflammatory drugs (NSAIDs) on an occasional basis. An examination of the cervical spine revealed paracervical muscles that are tender with muscle spasm. The range of motion is decreased in the right lateral flexion and left lateral flexion. An examination of the lumbar spine revealed moderate muscle spasm and tightness. There was a decrease of range of motion on all planes. The straight leg raising test was negative bilaterally at 90 degrees in sitting position. The patient's medication regimen includes Neurontin 300 mg, Vicodin, naproxen 550, and Prevacid.

### 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 base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES WORKERS COMPENSATION DRUG FORMULARY (WWW.ODG-

TWC.COM/ODGTWC/FORMULARY.HTM), GOODMAN AND GILMAN'S THE PHARMACOLOGICAL BASIS OF THERAPEUTICS, 12TH EDITION, MCGRAW HILL, 2006, AND THE PHYSICIAN'S DESK REFERENCE, 68TH EDITION. The Claims Administrator also based its decision on the Non-MTUS Citation: WWW.RXLIST.COM, EPOCRATES ONLINE (WWW.ONLINE.EPOCRATES.COM), MONTHLY PRESCRIBING REFERENCE (WWW.EMPR.COM-OPIOID DOSE CALCULATOR - AMDD AGENCY MEDICAL DIRECTORS' GROUP DOSE CALCULATOR (WWW.AGENCYMEDDIRECTORS.WA.GOV (AS APPLICABLE).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATIONS AND MEDICATIONS FOR CHRONIC PAIN Page(s): 22,60.

**Decision rationale:** This patient presents with chronic low back and upper back pain. The treater is requesting a refill of naproxen 550 mg #60 as needed for pain and inflammation. The treater states that the patient has been reminded to alternate Naproxen with Vicodin and not take it daily. The report dated 12/11/2013 is the earliest progress report provided for review. It is unclear as to when this patient was initially prescribed this medication. However, it is clear that the patient has been taking naproxen prior to this date, as the treater advises the patient to hold on naproxen to improve "the bruising" and the request is for refill. The Chronic Pain Guidelines indicate that "anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume but long-term use may not be warranted." In this case, the progress report from 12/11/2013 does not provide any discussion in regards to how naproxen works or does not work. There is no indication that there has been any decrease in pain or improvement in functional activities from taking Naproxen. The guidelines require pain assessment and functional changes to be documented when medication is used for chronic pain. The requested naproxen is not medically necessary and recommendation is for denial.