

<b>Case Number:</b>	CM14-0016659		
<b>Date Assigned:</b>	04/11/2014	<b>Date of Injury:</b>	07/02/2002
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	01/10/2014
<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 and Pain Management, 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 49 year old female with an injury date of 07/02/02. Based on the 12/30/13 progress report provided by [REDACTED] the patient's diagnosis include the following: 1) Lumbar radiculitis 2) Myofascial syndrome 3) Chronic pain syndrome 4) Prescription narcotic dependence 5) Failed back syndrome Final Determination Letter for IMR Case Number [REDACTED] [REDACTED] 6) Chronic pain related depression [REDACTED] is requesting for Naproxen 500 mg #90. The utilization review determination being challenged is dated 01/10/14 and recommends denial of the Naproxen. [REDACTED] is the requesting provider, and he provided treatment reports from 02/10/13-04/18/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 PRESCRIPTION OF NAPROXEN 500MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Anti-Inflammatory Medications, Page(s): 60-61, 22.

**Decision rationale:** According to the 12/30/13 progress report by [REDACTED], the patient presents with lumbar radiculitis, myofascial syndrome, chronic pain syndrome, prescription narcotic dependence, failed back syndrome, and chronic pain related depression. The request is for Naproxen 500 mg #90. Review of the reports does not provide any discussion regarding use of naproxen. [REDACTED] 10/15/13 progress report indicates that the patient has been prescribed Naproxen; however, the treater does not discuss it's efficacy. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. The request is not medically necessary and appropriate.