

<b>Case Number:</b>	CM14-0018803		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	12/17/2010
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Internal Medicine and Pulmonary Diseases 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 injured worker is a 41 year old male who reported an injury on 12/17/2010. The injured worker was reportedly lifting a heavy steel ring and lost control of it injuring his right wrist and low back. Per the clinical note dated 07/25/2013 the injured worker reported continued back pain of 5-8/10 with radiculopathy and numbness to lower extremities. The injured worker received trigger point injections to the thoracic and lumbar muscles at this visit and provided a urine sample for review. The injured worker received further trigger point injections on 08/22/2013, 10/03/2013, 11/15/2013, and 12/09/2013. Electromyography completed on 01/20/2014 was normal; however, nerve conduction studies showed some decreases and delays along the median nerve. There was no request for authorization of medical treatment provided with the clinical documents.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN 550MG, QTY: 120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NAPROXEN, NSAIDS Page(s): 66-73.

**Decision rationale:** According to CA MTUS Guidelines, Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. There is no mention of the injured worker having osteoarthritis in the documentation provided. The requested dose is for 550 mg 3 times a day equaling 1650mg per day this exceeds the recommended dose per the guidelines of 1100-1375mg per day. Therefore the request for Naproxen 550mg #120 is non-certified.

**URINE DRUG SCREEN, QTY: 1:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 77-78.

**Decision rationale:** According to CA MTUS Guidelines, prescriber's should consider the use of a urine drug screen to assess for the use or the presence of illegal drugs prior to starting treatment with opioids and with issues of abuse or addiction. There was a lack of documentation regarding the injured worker being treated with opioids. Therefore, a urine drug screen is non-certified.