

<b>Case Number:</b>	CM14-0114973		
<b>Date Assigned:</b>	08/04/2014	<b>Date of Injury:</b>	12/06/2010
<b>Decision Date:</b>	10/16/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2014

### 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 is licensed to practice in Texas. 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 69 year old female who sustained an industrial injury on 12/06/2010. According to the 12/4/2013 PR-2, the patient was last seen 3 months ago. She is retired and continues to have intermittent symptoms in the back, on and off, depending on activities. Examination documents pain with the arc of motion and residual tightness. Diagnoses are chronic cervical strain with disc herniation, lumbar strain, and knee complaints and symptoms. She takes motrin as needed. A follow-up for re-evaluation needs in 3 months or prn basis. A refill authorization request dated 5/28/2014 is for oxaprozin 600 mg twice per day with 2 additional refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxaprozin 600 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 73.

**Decision rationale:** Oxaprozin (Daypro, generic available): 600 mg. Dosing: Osteoarthritis: Two 600 mg caplets (1200 mg total) given PO once daily. The maximum dose is 1800 mg/day (26 mg/kg, whichever is lower). The guidelines recommend non-prescription strength medications,

Acetaminophen (safest); NSAIDs (aspirin, ibuprofen). NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. The medical records do not include a recent medical report that documents the patient's presenting complaints with VAS and physical examination findings, recent treatment history including any self-care measures used to address her chronic complaint. The medical necessity of oxaprozin has not been established.