

<b>Case Number:</b>	CM14-0118439		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	07/09/2012
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	07/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/29/2014

### 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 Nevada. 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 records presented for review indicate that this 42 year-old individual was reportedly injured on July 9, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 24, 2014, indicates that there are ongoing complaints of low back pain. The physical examination demonstrated 5'6", 185 pound individual in no reported distress. The lumbar spine range of motion is markedly decreased. There is decreased sensation the lateral aspect of the left lower extremity. Deep tendon reflexes are noted to be within normal limits and motor function was also noted to be within normal limits. Diagnostic imaging studies were not reviewed. Previous treatment includes anterior cruciate ligament reconstruction surgery, physical therapy, multiple medications, and pain management interventions (epidural steroid injections). A request had been made for the medication Naprosyn and was not certified in the pre-authorization process on July 12, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550MG #60w/1refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-299.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 66 & 73.

**Decision rationale:** As noted in the MTUS, use of Naprosyn is recommended as an option. This is a non-steroidal, anti-inflammatory medication used to treat the signs of osteoarthritis. However, in this situation there is no clinical indication of any improved functionality, decrease pain complaints, or amelioration of symptomology suggesting that this medication has demonstrated any efficacy or utility whatsoever. Therefore, based on the medical records presented for review, part of the most recent progress notes, there is no medical necessity established for this medication.