

<b>Case Number:</b>	CM14-0120435		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	12/12/2006
<b>Decision Date:</b>	09/30/2014	<b>UR Denial Date:</b>	07/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2014

### 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 Family Medicine 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:

Patient is a 47-year-old female who has submitted a claim for herniated disc of the lumbosacral spine, and lumbar radiculitis status post fusion associated with an industrial injury date of 12/12/2006. Medical records from 2013 to 2014 were reviewed. Patient complained of lumbosacral pain. Physical examination of the lumbar spine showed positive for tenderness. FABER'S test and Patrick's test were positive. Sensation was diminished at left S1 dermatome. Treatment to date has included lumbar decompression and stabilization, physical therapy, and medications such as Anaprox, Norco, paroxetine, omeprazole, and tramadol (since November 2013). Utilization review from 7/2/2014 denied the request for Anaprox DS 550mg #90 because long-term use was not recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on Anaprox since 2013. However, there was no documentation concerning pain relief and functional improvement derived from its use. Long-term use is likewise not recommended. Therefore, the request for Anaprox DS 550mg #90 is not medically necessary.