

<b>Case Number:</b>	CM14-0131193		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	04/30/2013
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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 Anesthesiology and Pain Management and is licensed to practice in Florida. 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 31-year-old male, who reported an injury on 04/30/2013 while moving several shopping carts, he torqued his back. The injured worker had a history of lower back pain. The diagnoses included chronic pain syndrome, lower back pain, lumbar strain, myalgia, numbness, and radicular pain. The diagnostics included an x-ray of the lumbar spine that revealed normal lumbar vertebral body heights with mild lumbar dextroscoliosis. The L5-S1 disc space was narrowed, and posterior facets were hypertrophied and sclerotic at the L5-S1. No evidence of acute fracture. Medications included ibuprofen and Flexeril. The past treatments included physical therapy x12 sessions, medication, modified duty, and x-rays. The physical evaluation dated 06/06/2014, revealed paraspinal tightness with myofascial restrictions to the lumbosacral area. Muscle spasms were noted to the lower lumbar and lower thoracic spine. "Sensation was 5-/5 to the right secondary to pain and 5/5 on the left. Sensation was grossly intact". Reflexes bilaterally: The patella was 2 and Achilles was 1+. Sacroiliac joints were tender to palpation. The Babinski sign was negative. Patrick's sign and Gaenslen's maneuver were positive on the right. Range of motion with flexion to fingertips to knees; extension was 10 degrees with pain. Straight leg raising was positive on the right, negative to the left. Trigger point tenderness in the sacroiliac joint, in the right buttocks area. The injured worker had an antalgic gait. The treatment plan was for a lumbar spine MRI and an EMG/nerve conduction study test and medication. The Request for Authorization dated 08/22/2014 was submitted with documentation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium tablets 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid injections, Opioids and NSAIDs Page(s): 46, 67-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** The request for Naproxen Sodium tablets 550mg is not medically necessary. The California MTUS indicates that naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Per the clinical notes, the injured worker did not have a diagnosis of osteoarthritis. The request did not address the frequency or duration. As such, the request is not medically necessary.