

<b>Case Number:</b>	CM14-0132571		
<b>Date Assigned:</b>	08/25/2014	<b>Date of Injury:</b>	08/09/2011
<b>Decision Date:</b>	10/08/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2014

### 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 Pain Medicine has a subspecialty in Pain 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:

This is a 31-year-old male patient who sustained an industrial injury on 08/09/11 diagnosed with lumbar disc displacement. Mechanism of injury was now provided. Prior treatment has included physical therapy, a aquatic therapy, chiropractic treatment, lumbar brace, epidural steroid injections, stretching and a home exercise program. MRI of the lumbar spine reportedly showed L4, L5, S1 disc bulges, central and foraminal stenosis. Request for naproxen 250 mg was non-certified a utilization review on 08/07/14 with the reviewing physician noting that there was no clear detail provided as to what specific overall functional benefit has been achieved with this particular prescription anti-inflammatory as opposed to using an over-the-counter anti-inflammatory agent. It was also noted prescription anti-inflammatories are not supported for long-term use. Progress note dated 07/22/14 revealed the patient presenting with continued complaints of neck and back pain. Physical examination revealed bilateral paraspinal muscle spasm to the lower lumbar. Negative straight leg raise test. Strength and sensation were normal. Reflexes were normal and gait was normal. Assessment was lumbar disc displacement and depression with anxiety. Current medications included Norco 10/325 mg 1 tablet every 6 hours, Ambien 5 mg 2 tablets at bedtime, naproxen 250 mg 1 tablet twice daily, and omeprazole 20 mg delayed release capsule once daily. Patient is back to work with modifications to take breaks throughout the day and uses an H-Wave unit as needed. The H-wave caused burns on the low back and dermatology consult is being requested. It was noted the patient may be a candidate for surgery in the future if symptoms continue to get worse. Patient was recommended for aquatic therapy 24 and chiropractic treatment. It was noted the patient had not received lumbar spine brace yet which has been authorized. Medications were dispensed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

**Decision rationale:** The CA MTUS recommended NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. The patient has chronic pain from an injury sustained in 2011. Documentation does not specify when treatment with anti-inflammatories was initiated or duration of treatment. Long-term use of NSAIDs is not recommended per guidelines. The patient is also prescribed opioids and there is no specific measurable pain relief or functional benefit documented as a result of chronic NSAID use. There is no mention of failure of over-the-counter formulation anti-inflammatories that would suggest the patient requires prescription NSAIDs. Pain levels were not reported and objective findings on examination are limited, consisting of tenderness to palpation and bilateral paraspinal muscle spasm to the lumbar region. The request is recommended as non-certified. Dosing, frequency and quantity of this request is not specified. Therefore, Naproxen Sodium (unknown dose, frequency and quantity) is not medically necessary and is not medically necessary.