

<b>Case Number:</b>	CM14-0138588		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	06/29/2013
<b>Decision Date:</b>	10/02/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 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 42-year-old gentleman with a date of injury of 6/29/13. Mechanism of injury was lifting a moderately heavy trash can, causing a back injury. The patient was diagnosed with a lumbar sprain/strain and conservative care was initiated. He was reportedly declared permanent and stationary, but then was referred to the current treating orthopedist for further care. The patient has had extensive treatment to date, including 18 chiro sessions, 18 acupuncture sessions, 24 physical therapy (PT) sessions and multiple medications. Unfortunately, his pain persisted despite extensive care. This case was submitted to Utilization Review on 8/18/14 with recommendations not to continue Naproxen or have a functional capacity evaluation (FCE). The UR advisor does note that the patient has been working restricted duty.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One prescription of Naproxen 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 67-73.

**Decision rationale:** While guidelines do note that there is risk for adverse effects, such as gastrointestinal (GI) and cardiovascular, they do support use of non-steroidal anti-inflammatory drugs (NSAIDS) for orthopedic conditions. Naproxen is guideline supported for mild to moderate pain, and is a good non-opioid option to achieve pain control. This patient has reduced pain while on this NSAID and continues to be symptomatic. Continued use of Naproxen 550 mg is medically necessary.

**One Functional Capacity Evaluation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCPs).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 57.

**Decision rationale:** Guidelines do support use of the FCE when the work capability of the patient is unclear, where use of the evaluation may establish physical abilities and facilitate a return to work. In difficult cases, these studies are used in helping determine the impairment rating. In this case, the patient has had extensive care, and despite attempts to return to full duty, the patient has remained on restricted duty. At this juncture, an FCE would be beneficial to determine if work capacity can be safely increased. A Functional Capacity Evaluation is medically necessary.