

<b>Case Number:</b>	CM14-0167286		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/20/2000
<b>Decision Date:</b>	11/17/2014	<b>UR Denial Date:</b>	09/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Internal 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:

The injured worker (IW) is a 63 year-old man with a date of injury of March 20, 2000. The mechanism of injury is not documented in the medical record. The Progress note dated September 4, 2014 noted ongoing complains of upper and lower back pain. The pain level is noted to be 7/10. An approximate 50% in pain reduction is noted with the medication protocol. There are painful motions with the left ankle and right knee. The physical examination noted restricted lumbar spine range of motion, multiple myofascial trigger points, and muscle spasms in the cervical spine. Cervical compression testing was positive. A decrease in range of motion is noted. He reports that he is having difficulty sleeping due to the pain and numbness in his legs. He feels like his current pain and discomfort is moderately impacting his general activity and enjoyment of life, as well as his ability to concentrate and interact with other people. The treating physician documents the following diagnoses: Chronic myofascial pain syndrome, cervical and thoracolumbar spine; moderate bilateral carpal tunnel syndrome; injury of the right shoulder, right elbow, and left knee; pain and numbness of bilateral lower extremities, due to lumbosacral radiculopathy versus diabetic neuropathy. Ongoing treatment recommendations include: Home muscle stretching exercises, aquatic therapy exercises 2 to 3 times a week, deep breathing type meditation as a relaxation technique, and continuation of the Naprosyn 550mg, and Tramadol/APAP 37.5/325mg. The IW was been scheduled to undergo EMG/CNV study of bilateral lower extremities.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #120, as an outpatient for neck, thoracic, lumbar, wrists, right shoulder, right elbow, left knee and lower extremities:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-68. Decision based on Non-MTUS Citation Non-Steroidal Anti-Inflammatory Drugs

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines, Naproxen 550 mg #120 as an outpatient for neck, thoracic, lumbar, wrist, right shoulder, right elbow, left knee and lower extremities is not medically necessary. The Chronic Pain Medical Treatment Guidelines set out specific recommendations for nonsteroidal anti-inflammatories is osteoarthritis (including the knee and hip). It is recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Chronic low back pain, NSAIs are recommended as an option for short-term symptomatic relief. Nonsteroidal anti-inflammatory's have more adverse side effects than placebo and or acetaminophen. In this case, the date of injury was March 2000. There is no indication in the medical record whether this is a short term or long term medication use. The record does reflect, however, this is an ongoing prescription for Naproxen. The medical record does not state the injured worker is being treated for osteoarthritis. The injured worker has ongoing complaints constant upper and lower back pain. There's been an approximate 50% in pain reduction noted in the medication protocol. Despite the use of anti-inflammatories, physical examination was notable for lumbar spine decreased range of motion, multiple myofascial trigger points, and muscle spasm in the cervical spine with decreased range of motion. Long-term use may result in potential adverse side effects such as G.I. bleeding. Based on the clinical information in the medical record and the peer-reviewed, evidence-based guidelines Naprosyn 550 mg #120 as an outpatient for neck, thoracic, lumbar, wrists, right shoulder, right elbow, left knee and lower extremities is not medically necessary.