

<b>Case Number:</b>	CM14-0175207		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	12/23/2006
<b>Decision Date:</b>	12/04/2014	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 & 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:

The injured worker is a 69-year-old female who reported an injury on 12/23/2006. The mechanism of injury was not submitted for this review. The injured worker's treatment history included medications. The injured worker was evaluated on 09/22/2014, it was documented the injured worker complained of low back and extremity pain. She continued to have aching low back pain and burning into the right lower extremity and pins and needles in the left lower extremity. She states that the Norco is working better for pain relief. She still gets some headaches, but it was tolerable. She was taking Norco, Naprosyn, gabapentin, and omeprazole and Cymbalta with good relief and no side effects. She was able to increase the gabapentin to twice a day. The provider noted she had a recent injury where she had fell on a bus and she injured her right lower leg. She states that her pain levels are 10/10 without medications and with medications a 6/10 on the pain scale. With medications she was able to go visit her daughter, she was able to do chores around the house and do some walking and provide self care. Her symptoms are worse with sitting, bending and standing. Her symptoms are better with medications. Physical examination of the lumbar spine revealed she had tenderness in the paraspinal muscles bilaterally. Range of motion was decreased in all fields. Musculoskeletal examination reflexes of lumbar extremity are 2+ at the patella. Trace at the Achilles. Strength was 4/5 on both lower extremities. She had decreased sensation in the left posterior leg. Straight leg raise was negative. She ambulates with a slow antalgic gait using her cane. Request for Authorization dated 09/24/2014 was for Naprosyn 550 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60, number of refills not specified, for the symptoms related to the lumbar region as an outpatient:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (Non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** The requested Naproxen 550mg #60 is not medically necessary. The California Chronic Pain Medical Treatment Guidelines recommend that Naproxen is used as a second line treatment after acetaminophen, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute low back pain. For acute low back pain with sciatica a recent Cochrane review (included 3 heterogeneous randomized controlled trials) found no differences in treatment with NSAIDs versus. Placebo. In injured workers with axial low back pain this same review found that NSAIDs were not more effective than acetaminophen for acute low back pain and that acetaminophen have fewer side effects. There is inconsistent evidence for the use of NSAIDs to treat long-term neuropathic pain. The provider failed to indicate long-term functional goals for the injured worker. The document submitted for review on 09/22/2014 indicated the injured worker takes Norco, Naprosyn, gabapentin and omeprazole and Cymbalta with good relief and no side effects. The injured worker states her pain levels are 10/10 without medication and with medications is 6/10 on the pain scale. However, the request that was submitted for review failed to include frequency and duration of medication. As such, the request for naproxen 550 mg #60, number of refills no specified for the symptoms related to the lumbar region as an outpatient is not medically necessary.