

<b>Case Number:</b>	CM14-0179599		
<b>Date Assigned:</b>	11/04/2014	<b>Date of Injury:</b>	02/08/2014
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	09/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2014

### 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 Family 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 33-year-old male who reported an industrial injury to the back and shoulder on 2/8/2014, 10 months ago, attributed to the performance of his usual and customary job tasks reported as pulling a metal shed twisting and feeling pain to the left shoulder and lower back. The objective findings on examination included lumbar spine paraspinal tenderness; diminished range of motion the lumbar sign; AC joint tenderness. The patient was diagnosed with left shoulder pectoralis minor strain and lumbar spine HNP. The patient was treated with a back support; physical therapy; and medications. A CT scan of the lumbar spine dated 7/9/2014, documented a 6 mm disc protrusion at L4-L5 with mild spinal stenosis and 7 mm disc bulge at L5-S1 with listhesis resulting in severe bilateral neuroforaminal narrowing with probable compression of bilateral foraminal nerves. The electrodiagnostic studies of the bilateral lower extremities dated 7/26/2014, were interpreted as normal without a nerve impingement radiculopathy. The patient was prescribed naproxen sodium, unspecified quantity and dose, and gabapentin 300 mg TID #90.

### 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 NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 67-68. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter--medications for chronic pain and NSAIDs

**Decision rationale:** The use of Anaprox/Naproxen unspecified dose and quantity is consistent with the currently accepted guidelines and the general practice of medicine for musculoskeletal strains and injuries; however, there is no evidence of functional improvement or benefit from this NSAID. There is no rationale to support the medical necessity. There is no evidence that OTC NSAIDs would not be appropriate for similar use for this patient. The prescription of Naproxen is not supported with appropriate objective evidence as opposed to the NSAIDs available OTC. The prescription of Naproxen should be discontinued in favor of OTC NSAIDs. There is no provided evidence that the available OTC NSAIDs were ineffective for the treatment of inflammation. The prescription for naproxen is not demonstrated to be medically necessary.