

<b>Case Number:</b>	CM14-0183899		
<b>Date Assigned:</b>	11/10/2014	<b>Date of Injury:</b>	08/10/2001
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	10/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Illinois. 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 54-year-old female who reported an injury on 08/10/2001. The mechanism of injury was not provided. On 10/06/2014, the injured worker presented with chronic low back pain due to degenerative spondylosis of the lumbar spine. She was noted to have partial pain relief with her current analgesic medications. Current medications included methadone, Dilaudid, Soma, diazepam, and Naprosyn. Diagnoses were chronic low back pain, pain disorder with general medical condition, and insomnia. There is no physical examination noted. The provider recommended naproxen 500 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60:** 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 NSAIDs Page(s): 70.

**Decision rationale:** The request for Naproxen 500mg #60 is not medically necessary. California MTUS Guidelines state that NSAIDs are associated with risk of cardiovascular events including MI, stroke, and onset or worsening of pre-existing hypertension. It is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual treatment goals. There was a lack of evidence in the medical records provided of a complete and adequate pain assessment and the efficacy of the prior use of the medication is not provided. The injured worker has been prescribed naproxen since at least 06/01/2014. There is no information of reduced pain or increased function with the use of the medication. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, medical necessity has not been established.