

<b>Case Number:</b>	CM14-0026790		
<b>Date Assigned:</b>	03/05/2014	<b>Date of Injury:</b>	10/07/2003
<b>Decision Date:</b>	04/15/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/04/2014

### 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 Anesthesia, has a subspecialty in Pain 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 patient is a 45 year old male injured worker with a date of injury of 10/7/03 with related cervical spine and right shoulder pain as well as lumbar spine pain radiating to both legs. Per a12/4/13 report, objective findings included: L/S tenderness paraspinal; decreased ROM due to pain; positive SLR LLE @ 20 degrees; and positive tenderness supraspinatus. A urine drug screen report dated 7/10/13 (collected 6/24/13) consistent for prescribed Tramadol but inconsistent for prescribed hydrocodone (none detected) and inconsistent for cyclobenzaprine (not reported as prescribed). The records submitted for review indicate MRI studies of the right shoulder and cervical spine were taken 7/27/06, however the results were not available in the documentation. The records do not indicate that physical therapy was utilized. The date of UR decision was 2/13/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ANAPROX- NAPROXEN SODIUM 550MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 66-68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 68.

**Decision rationale:** The MTUS Chronic Pain Guidelines state with regard to NSAIDs and back pain: "Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants." The documentation submitted for review does not present evidence of an acute exacerbation of chronic pain. In the medical records provided for review there is no documentation of pain relief or improvement in the patient's function related to the use of this medication. The request is not medically necessary and appropriate.