

<b>Case Number:</b>	CM14-0030409		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/12/2009
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 49 year old male with an injury date of 10/12/09. Based on the 10/15/13 progress report provided by [REDACTED] the patient complains of pain in the lower extremities as well as low back pain radiating into the bilateral buttocks and bilateral anterior and posterior thighs. The patient is currently taking Lyrica, Naprosyn, Soma, and Norco. The patient's diagnoses include the following: 1. L4-L5 left paracentral HNP measuring 4-5 mm compressing left L5 nerve root with lateral recess stenosis with moderate to severe left L4 neural foraminal stenosis. 2. L5-S1 broad based right paracentral HNP measuring 3-4 mm touching right S1 nerve root with moderate to severe right neural foraminal stenosis. 3. Left paracentral disc protrusion with annular tear at L2-L3 measuring 4 mm. 4. Central disc protrusion at L3-L4 measuring 2-3 mm. 5. Right paracentral disc protrusion at L5-S1 measuring 2-3 mm. 6. Right L2 and right L4 radiculopathy. 7. Moderate bilateral L5 neural foraminal stenosis. 8. Mild to moderate left L4 neural foraminal stenosis. 9. Lumbar degenerative disc disease. 10. Lumbar facet joint arthropathy. 11. Lumbar sprain/strain. 12. Degenerative disc disease. 13. Facet joint arthropathy.

[REDACTED] [REDACTED] has a retrospective request for Naproxen 550 mg #60. The utilization review determination being challenged is dated 02/19/14. [REDACTED] is the requesting provider, and he provided treatment reports from 08/22/13 - 03/06/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen 550mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Specific drug list and adverse effects Non-selective NSAIDS Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** According to the 10/15/13 report by [REDACTED], the patient presents with pain in the lower extremities as well as low back pain radiating into the bilateral buttocks and bilateral anterior and posterior thighs. There is a retrospective request for Naproxen 550 mg #60. The patient has been taking Naproxen as early as 08/22/13. Review of the reports does not provide any discussion regarding use of Naproxen. MTUS Guidelines support use of NSAIDs for chronic low back pain per page 22. For medication use in chronic pain, MTUS page 60 also requires documentation of pain assessment and function as related to the medication used. In this case, there is lack of any documentation regarding what Naproxen has done for this patient's pain and function. Recommendation was denial.