

<b>Case Number:</b>	CM14-0032895		
<b>Date Assigned:</b>	06/23/2014	<b>Date of Injury:</b>	06/01/2007
<b>Decision Date:</b>	08/18/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 & Rehab 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 44-year-old male who reported an injury on 06/01/2007. While at work lifting a heavy car battery charger above shoulder level, he heard a pop in his neck and since then he has had pain in the right shoulder and right paracervical region. The injured worker complained of neck pain which he rated at 6/10 on a pain scale. He stated that he continued working with modified duty. He had an aching and stabbing pain in his neck. He stated that he continued with a home exercise program. Physical examination dated 02/04/2014 revealed that the spine had decreased range of motion in all plains of the cervical spine. There was pain with facet loading in the cervical spine at C3-4, C4-5, C5-6, and C6-7 bilaterally, left more than the right. Sensation was intact bilaterally with upper extremities. The injured worker's motor strength was a +4/5 bilaterally to the upper extremities. MRI of the cervical spine dated 05/17/2013 demonstrated degenerative disc disease and facet arthropathy with retrolisthesis C6-7 and anterolisthesis C3-4. There was mild canal stenosis at C4-5. Neural foraminal narrowing was noted at C3-4, moderate to the left, mild to the right, at C4-5 which was severe bilaterally, at C5-6 which was severe to the right and moderate to the left, and at C6-7 which was mild bilaterally. The injured worker has diagnoses of degenerative disc disease of the cervical spine, mild fascial pain syndrome in the right upper back and neck musculature, facet arthropathy of the cervical spine C3-4, C4-5, C5-6, and C6-7 bilaterally, and cervical radiculitis at C5. Past treatment included epidural steroid injections and medication therapy. Medications include Norco 5/325 mg to be taken as needed, naproxen 550 mg 1 tablet twice a day, Prilosec 20 mg 1 to 2 tablets a day, Lidopro cream and omeprazole 20 mg capsules. The current treatment is the request of 1 medial branch block at bilateral C5-6 and C6-7 for the injured worker's facetogenic pain and diagnostic purposes. If successful, would proceed with radiofrequency ablation. The injured worker was advised to continue with exercise program and naproxen sodium 550 mg.

Rationale given is that the injured worker has been beneficial in decreasing pain and increasing function in the past with naproxen sodium 550 mg. The request for authorization form was submitted on 05/21/2013.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen Sodium 550 mg #60 with five refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Osteoarthritis.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Anaprox Page(s): 72-73.

**Decision rationale:** The request for Naproxen Sodium 550 mg #60 with five refills is not medically necessary. The injured worker complained of neck pain which he rated at 6/10 on a pain scale. He stated that he continued working with modified duty. He had an aching and stabbing pain in his neck. He stated that he continued with a home exercise program. California MTUS guidelines indicate that Anaprox is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Submitted reports dated back to 09/20/2012 show that the injured worker was taking naproxen. Long-term use of naproxen in people with osteoarthritis has them at high risk for developing NSAID-induced gastric or duodenal ulcers. Guidelines also recommend that Naproxen be given at its lowest effective dose, which is 250 mg, given that the request is for 550 mg it exceeds MTUS guidelines. Furthermore, the frequency and quantity was not submitted in the request. The efficacy of the medication was not provided to support continuation. As such, the request for naproxen sodium 550 mg is not medically necessary.