

<b>Case Number:</b>	CM14-0043178		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	02/10/2010
<b>Decision Date:</b>	07/31/2014	<b>UR Denial Date:</b>	03/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/17/2014

### 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 Occupational 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 50-year-old male with date of injury 02/10/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 02/07/2014, lists subjective complaints as constant, sharp bilateral knee pain, which he rates at 6/10 on a pain scale. The patient claims the medications are helping with his pain. Objective findings include examination of the lumbar spine revealed diffuse tenderness to palpation over the lumbar paraspinal muscles and moderate facet tenderness at the L4-S1 levels. Kemp's test and Farfan test were positive. Decreased range of motion was also noted. The diagnosis are: lumbar disc disease, lumbar facet syndrome, lumbar radiculopathy, coccydynia, status post bilateral knee arthroscopy, and left foot complex regional pain syndrome. No medical records were provided for review that document the patient had been prescribed Naproxen before the request for authorization dated 02/07/2014. The medications include Naproxen 550mg, #60, one by mouth, twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, one by mouth twice daily as needed, #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk, Anti-inflammatory medications Page(s): 22, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** The MTUS recommends that non-steroidal anti-inflammatory drugs (NSAIDs) be used at the lowest dose for the shortest period in patients with moderate to severe pain. The MTUS also recommends that NSAIDs be given to patients with osteoarthritis and other inflammatory conditions. In this case, the patient had positive Kemp's test and Farfan test which each have low sensitivity and low specificity, but are useful in detecting facet joint pain. The patient does carry a diagnosis of facet joint syndrome, most commonly caused by inflammatory and degenerative processes of the facet joint. Naproxen is a treatment of choice. As such, the request for Naproxen 550mg #60 is medically necessary.