

<b>Case Number:</b>	CM14-0052996		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	05/07/2013
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/21/2014

### 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 Family Medicine and is licensed to practice in Arizona. 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:

Patient is a 32 year old male with a date of injury on 5/07/2013. Diagnoses are of lumbago, and L5 lumbar radiculopathy. Subjective complaints are of pain in the lumbar spine, with cramping in the legs, and pain and numbness in the left leg with prolonged standing. Physical exam shows decreased lumbar range of motion, decreased sensation at left L5-S1 dermatome, and tenderness over lumbosacral paraspinal muscles. Prior treatments include chiropractic, medication, acupuncture, and physical therapy. Medications include Prilosec, Tramadol, Topamax, Naproxen, and Lidopro ointment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 MG:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal inflammatory drugs (NSAIDs) Page(s): 91-94.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, PAGES Page(s): 67-68.

**Decision rationale:** CA MTUS recommends NSAIDS at the lowest effective dose in patients with moderate to severe pain. Furthermore, NSAIDS are recommended as an option for short-term symptomatic relief for back pain. For this patient, there is evidence of musculoskeletal pain

with objective findings on physical exam and on diagnostic studies. Therefore, the use of Naproxen is appropriate, and is medically necessary.