

<b>Case Number:</b>	CM14-0062814		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	06/09/2011
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 & Rehabilitation, and is licensed to practice in Nevada. 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 56-year-old gentleman who was reportedly injured on June 9, 2011. The mechanism of injury is noted as being hit by a forklift. The most recent progress note dated May 7, 2014, indicates that there are ongoing complaints of mid back pain and right chest wall pain. The physical examination demonstrated decreased range of motion of the thoracic and lumbar spine secondary to pain. There was tenderness of the ribs from T9 through T12. Diagnostic imaging studies of the thoracic spine showed no disc herniations or spinal canal stenosis. Previous treatment includes physical therapy, acupuncture, and chiropractic care. A request had been made for Anaprox and was not certified in the pre-authorization process on April 22, 2014.10599

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDS) Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127.

**Decision rationale:** Anaprox is a non-selective, non-steroidal anti-inflammatory medication which has some indication for chronic low back pain. When noting the injured employees diagnosis, signs and symptoms, and noted relief with the use of this medication, there is a clinical indication for the use of Anaprox as noted in the applicable guidelines.as such this request for Anaprox is medically necessary.