

<b>Case Number:</b>	CM14-0079286		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	02/19/2008
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 45 year old male with complaints of thoracic and lumbar spine pain, left knee pain, and left sacroiliac pain. The date of injury is 2/19/08 and the mechanism of injury is impact injury working on a conveyor belt and getting hit by a package. At the time of request for Anaprox 550mg#60, there is subjective (low back pain, mid back pain, knee pain) and objective (left axial T7 tenderness, left L2,L3,L4 tenderness and provoked by facet loading, tenderness palpation to lumbrosacral spine), imaging findings (MRI lumbar spine documented in note 3/31/14 which shows L5/S1 disc protrusion abutting left S1 nerve root, mild facet disease L4/5, thoracic MRI negative), diagnoses (lumbar herniated disc, lumbar degenerative disc disease, lumbar facet disease, Sacroiliac joint disease), and treatment to date (epidural steroids, medications). In regards to Anaprox, the use of non-prescription medications such as acetaminophen and ibuprofen if effective is recommended. As there is documented clinical success with ibuprofen pharmacotherapy without mention of any adverse effects, there seems to be no reason to discontinue this.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective review of Anaprox 550mg #60 (DOS 3/31/14): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Non-prescription medications and NSAIDs Page(s): 67-68.

**Decision rationale:** Per MTUS-Chronic Pain Medical Treatment Guidelines, the use of non-prescription medications such as acetaminophen and ibuprofen if effective is recommended. As there is documented clinical success with ibuprofen pharmacotherapy without mention of any adverse effects, there seems to be no reason to discontinue this. Furthermore, if the intention is to continue ibuprofen and add Anaprox, this cannot be approved as there is definite evidence of increased risk of adverse effects such as erosive gastritis and small bowel upper gi bleeding as well as liver and kidney impairment caused by NSAID toxicity. Therefore, the request for Anaprox 550 mg is not medically necessary.