

<b>Case Number:</b>	CM14-0091744		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	11/16/2004
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain, depression, and gait derangement reportedly associated with an industrial injury of November 16, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; psychotropic medications; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report dated May 22, 2014, the claims administrator apparently partially certified a request for naproxen as 60 tablets of the same. In a May 6, 2014 progress note, the applicant reported 10/10, severe low back pain. The applicant was using a walker and a back brace as well as a four-modality transcutaneous electric therapy device. Low back pain, hip pain, depression, sleep disturbance, gastrointestinal disturbance, and knee pain were all reported. The applicant was using a cane to move about. The applicant was given refills of Opana, Norco, Soma, Celebrex, Prilosec, Ambien, Lyrica, Promolaxin, and Prozac. The applicant was asked to discontinue naproxen as she did not reportedly find it helpful. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In an earlier progress note dated April 29, 2014, the applicant was asked to continue Prilosec, Lyrica, Promolaxin, Prozac, Methoderm cream, multimodality transcutaneous electrical therapy device, Soma, naproxen, Norco, and Opana. The applicant was permanent and stationary but did not appear to be working with permanent limitations in place. The applicant reported issues with dyspepsia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg, BID PRN for pain and inflammation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, one option in the treatment of NSAID-induced dyspepsia is cessation of the offending NSAID. In this case, the applicant has reported ongoing issues with dyspepsia, apparently NSAID-induced. Cessation of the offending NSAID, naproxen, does appear to be a more appropriate option than continuing the same, particularly in light of the fact that the applicant has failed to demonstrate any medication efficacy or functional improvement through ongoing usage of naproxen. The applicant remains off of work. The applicant remains highly reliant and highly dependent on numerous oral and topical medications, including Lyrica, Opana, Norco, Soma, Methoderm, etc., despite ongoing naproxen usage. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. It is further noted that the attending provider apparently reached the same conclusion and also suggested discontinuing naproxen on an office visit of May 6, 2014. For all of the stated reasons, then, the request is not medically necessary.