

<b>Case Number:</b>	CM14-0153526		
<b>Date Assigned:</b>	09/24/2014	<b>Date of Injury:</b>	02/01/1999
<b>Decision Date:</b>	10/23/2015	<b>UR Denial Date:</b>	08/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/19/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 61-year-old male sustained an industrial injury on 2/1/99 relative to lifting lumber. Injury was reported to the neck, back, and right upper extremity. Past surgical history was positive for a C3/4 and C4/5 posterior cervical laminotomy, C5-7 anterior cervical discectomy and fusion, and an L5/S1 laminectomy and fusion. The 12/2/13 lumbar discogram was reported positive at L2/3, L3/4, and L4/5. The 12/23/13 lumbar X-rays documented instability at L4/5 above the L5/S1 fusion. A subsequent request for anterior/posterior fusion at L3/4 and L4/5 was noted. The 6/12/14 orthopedic report indicated that the patient continued to use symptomatic medications as needed. Subjective complaints documented on-going cervical pain and stiffness, and increasing lumbar spine pain radiating down both lower extremities with numbness, tingling, and weakness. Cervical spine exam documented paraspinal tenderness and spasticity, limited range of motion, decreased bilateral C5-7 dermatomal sensation, and normal reflexes. Lumbar spine exam documented severely antalgic gait, paraspinal tenderness with spasticity, markedly limited range of motion, and positive mechanical and nerve tension signs. There was 4/5 weakness noted over the extensor hallucis longus, extensor digitorum longus, and tibialis anterior. Deep tendon reflexes were decreased at +1 bilaterally. Sensation was decreased over the L4-S1 nerve roots. The diagnosis included status post cervical and lumbar spine surgery with residual symptoms, failed back syndrome, and lower extremity radiculopathy. The treatment plan recommended the continued use of symptomatic medications, noting discontinuation by the insurance carrier. Continued treatment was recommended with his pain management specialist and detoxification from his narcotic pain medications that he had been using for several years. Surgery was again

recommended. The 7/28/14 orthopedic report was unchanged relative to subjective complaints or objective findings. The treatment plan again requested surgical authorization and continued symptomatic medications. The 8/23/14 utilization review denied the request for Naproxen as the patient was being prescribed opioids by other physicians and there was no indication for another analgesic. There is no evidence in the file relative to the previous use of Naproxen.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naproxen Sodium 550mg Quantity: 60, one twice daily:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 22, 68, 80. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Spinal Fusion.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): s 67-72.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS) guidelines state non-steroidal anti-inflammatory drugs (NSAID), such as Naproxen are indicated as a second line option for acute exacerbations of chronic back pain. Guidelines indicate that there is no evidence of long-term effectiveness for pain or function. NSAIDs are recommended at the lowest dose for the shortest period of time for patients with moderate to severe pain from osteoarthritis. NSAIDs are recommended for short-term symptomatic relief in patients with chronic back pain. Guideline criteria have been met. There is no evidence that this medication had previously been used. An elevation of lumbar pain was reported and records indicated that narcotic pain medication had been discontinued. This request for one month of a non-steroidal anti-inflammatory drug seems reasonable for an apparent acute exacerbation of chronic lower back pain. Therefore, this request is medically necessary.