

<b>Case Number:</b>	CM14-0187704		
<b>Date Assigned:</b>	12/04/2014	<b>Date of Injury:</b>	07/19/2012
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/11/2014

### 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 New Jersey and New York. 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 49 year-old female who was injured on 7/19/12 after falling off a chair. She complained of back pain radiating to left leg and complained of wrist pain. On exam, she had decreased range of motion of the lumbar spine with spasm and tenderness and a tender wrist. She had positive Phalen's and Tinel's. She had positive straight leg raise on the right and decreased sensation along the left lower extremity. Electrodiagnostic testing showed right ulnar motor neuropathy consistent with cubital tunnel syndrome. A 3/2014 MRI showed degenerative disc disease at L4-5 and L5-S1. She was diagnosed with backache, disc disorder of the lumbar region, degeneration of lumbar or lumbosacral intervertebral disc, and thoracic or lumbosacral neuritis or radiculitis. She underwent exercise programs without relief. On 6/24/14, she had a lumbar epidural steroid injection which decreased her pain by 40%. The pain was reduced from 6/10 to 3/10 with medication. Her medications included Naprosyn, Gabapentin, and Flector Patch. As per the chart, the medications allowed her to be more functional. She continues to work full-time. The current request is for continued use of Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg 1 tab BID PRN #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 68.

**Decision rationale:** The request for Naprosyn is not medically necessary. As per MTUS guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended for short-term symptomatic relief of back pain. It is unclear by the chart when Naprosyn was first started. As per the chart, her pain decreased from 6/10 to 3/10 with the use of Naprosyn, Gabapentin, and Flector patch. MTUS guidelines state that NSAIDs may not be as effective as other analgesics. Chronic NSAID use can potentially have many side effects including hypertension, renal dysfunction, and gastrointestinal (GI) bleeding. Due to the lack of documentation as to when the patient began Naprosyn, this request is not medically necessary.