

<b>Case Number:</b>	CM14-0190886		
<b>Date Assigned:</b>	11/24/2014	<b>Date of Injury:</b>	03/22/2007
<b>Decision Date:</b>	01/12/2015	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2014

### 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 Physical Medicine & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 63-year-old male with injury date of 03/22/07. Based on the 07/24/14 progress report, the patient complains of back pain. Patient states that his back pain is "better, although he still has some lower extremity weakness." Physical examination revealed lower extremity weakness and stiffness. Per progress report 06/04/14, the patient is status post pulmonary embolism, and he takes Coumadin daily. Treater states that "NSAIDs...may not be as appropriate" since the patient is on Coumadin per 06/04/14 report. Diagnosis 07/24/14-Left shoulder impingement syndrome-Right shoulder mild bursitis-Lower back L5-S1 disc herniation -Bilateral knee referred pain from the lower back-Psychological issues including sleep dysfunction and anxiety and depression-Gastroesophageal reflux disease-Postoperative complications following lumbar fusion including wound dehiscence, GI bleed and pulmonary embolus The request is for NAPROXEN EC DR TABLETS 500MG #60. The utilization review determination being challenged is dated 10/17/14. The rationale is "...patient's GI bleeding and his current anticoagulation would make Naprosyn a dangerous choice." Treatment reports were provided from 05-05-14 to 07/24/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen EC DR tablets 500mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs and medication for chronic pain Page(s): 22,60.

**Decision rationale:** Patient presents with back pain. The request is for Naproxen EC DR tablets 500mg #60. Diagnosis dated 07/24/14 included lower back L5-S1 disc herniation. Patient is status post lumbar fusion, date unspecified. Treater states that "NSAIDs...may not be as appropriate" since the patient is on Coumadin per 06/04/14 report. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, review of the reports does not show documentation of functional benefit or pain reduction from Naproxen. None of the reports discuss medication efficacy. There is insufficient documentation to make a decision based on guidelines. The request is not medically necessary.