

<b>Case Number:</b>	CM14-0199201		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	11/19/2012
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	10/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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:

Injured worker is a male with date of injury 11/19/2012. Per physician's supplemental report dated 12/5/2014, the injured worker follows up with the diagnosis of a disc bulge at L4-5 and left L5 radiculopathy. On examination he has 2+ lumbar paraspinous muscle spasm. He is tender to palpation along these muscles. Deep tendon reflexes are equal and symmetric at the knees and ankles. Motor strength is 5-/5 at left extensor hallicus longus. He has a positive straight leg raise sign on the left at 60 degrees. Sensation is decreased to light touch and pinprick in the L5 dermatome on the left. Diagnosis is lumbosacral strain with disc bulge at L4-5 and left L5 radiculopathy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg tablet/Anaprox DS, #60, take 1 tab 2 times a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 64.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the

lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker is noted to have been injured for two years with no report of recent exacerbation or new injury. He has been taking NSAIDs for at least several months. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Naproxen Sodium 550mg tablet/Anaprox DS, #60, take 1 tab 2 times a day is determined to not be medically necessary.