

<b>Case Number:</b>	CM14-0201049		
<b>Date Assigned:</b>	12/11/2014	<b>Date of Injury:</b>	03/11/2006
<b>Decision Date:</b>	01/28/2015	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 reportedly associated with an industrial injury of March 11, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; unspecified amounts of physical therapy; opioid therapy; earlier shoulder surgery; and reported return to work. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for naproxen. The claims administrator suggested that the applicant was concurrently using naproxen and Motrin and that Motrin had been approved. The claims administrator referenced a September 18, 2014 progress note in its denial. The applicant's attorney subsequently appealed. On April 30, 2014, the applicant reported ongoing complaints of low back and shoulder pain status post recent epidural steroid injection. The applicant was on Xanax, Zoloft, Norco, Prilosec, Motrin, and an unspecified muscle relaxant. The applicant was status post carpal tunnel release surgery, a left knee arthroscopy, and a shoulder arthroscopy. Norco was endorsed, along with Motrin and Prilosec. The applicant was asked to return to work with permanent limitations imposed by a medical-legal evaluator. The applicant received an epidural steroid injection on July 30, 2014. On September 18, 2014, the applicant reported 7-8/10 low back pain. The applicant was using Zoloft, Xanax, Prilosec, Norco, and Motrin. The applicant was working, it was acknowledged. Multiple medications were endorsed, including naproxen, cyclobenzaprine, Motrin, tramadol, and Norco. The applicant was asked to continue work with permanent restrictions imposed by a medical-legal evaluator. Manipulative therapy was sought.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100, 1 po q 12 hr with food (1 refill): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic pain syndrome present here, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a prescribing provider should incorporate some discussion of applicant-specific variables such as "other medications" into his choice of recommendations. However, the attending provider has not clearly outlined a clear or compelling rationale for provision of two separate anti-inflammatory medication, Motrin and naproxen, on the same office visit of September 18, 2014, referenced above. Therefore, the request is not medically necessary.