

<b>Case Number:</b>	CM14-0084358		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/02/2013
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	05/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 44 year old female who suffered a work elated injury on 02/02/2013 when she was the restrained driver in a care which was rear-ended. Per the physician notes from 04/29/14, she was jolted forcefully into the window and struck her head. Her hands gripped the steering wheel with force and she stiffened her neck and back. She initially was treated by a chiropractor and had water therapy and acupuncture for 6 weeks each. She had MRI studies of the neck, right shoulder, and back in 2013. She was off duty for 6 weeks. She returned to work with restricted duties through 01/14. In January of 2014 she fell due to severe right knee and hip arthritis. She is currently on leave and has discontinued chiropractic care. She had been seen by and orthopedic surgeon and had nerve conduction studies of her upper and lower extremities. Medication was prescribed. MRI of the shoulder was obtained which show findings of impingement. Present diagnoses include cervical radiculopathy, shoulder impingement, and lumbar radiculopathy. She presently complains of continuous pin in the neck which radiates to the right arm, hands, and up to her jaw. She complains of numbness and tingling as well as frequent headaches. She has stiffness in her neck and the pain is aggravated when she tilts her head up and down or moves he head from side to side. The pain increases with prolonged sitting and standing. She also complains of continuous pain in the right shoulder which radiates to her right arm and hand. She has a popping, clicking, and grinding sensation in the shoulder as well as numbness and tingling in the arm. He pain increases with reaching, moving her arm backwards and lifting her upper extremity above shoulder level. She complains of constant pain in the lower back which radiates to the legs and feet. She experiences episodes of numbness and tingling in her legs. This pain is aggravated by stress, sleep, weather, changes, exercise, standing walking, bending stooping, twisting, squatting, overhead work, lifting or carrying, using/pulling, sitting, driving, and climbing. The treatment plan includes acupuncture, and medications

including Medrox pain relief ointment, Naproxen, Omeprazole, and Orphenadrine. Naproxen was denied by the Claims Administrator on 05/14/14 and was subsequently appealed for Independent Medical Review.

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

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

**Naproxen Sodium 550mg 1 QD #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAID (non steroidal anti-inflammatory drugs) Page(s): 68.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines non-selective NSAIDS Page(s): 72.

**Decision rationale:** Naproxen (Naprosyn): delayed release (EC-Naprosyn), as Sodium salt (Anaprox, Anaprox DS, Aleve [OTC]) Generic available; extended-release (Naprelan): 375 mg. Different dose strengths and formulations of the drug are not necessarily bioequivalent. Dosing Information: Osteoarthritis or ankylosing spondylitis: Dividing the daily dose into 3 doses versus 2 doses for immediate-release and delayed-release formulations generally does not affect response. Morning and evening doses do not have to be equal in size. The dose may be increased to 1500 mg/day of Naproxen for limited periods when a higher level of analgesic/anti-inflammatory activity is required (for up to 6 months). Naprosyn or Naproxen: 250-500 mg PO twice daily. Anaprox: 275-550 mg PO twice daily. (Total dose may be increased to 1650 mg a day for limited periods). EC-Naprosyn: 375 mg or 500 mg twice daily. The tablet should not be broken, crushed or chewed to maintain integrity of the enteric coating. Naprelan: Two 375 mg tablets (750 mg) PO once daily or two 500 mg tablets (1000 mg) once daily. If required (and a lower dose was tolerated) Naprelan can be increased to 1500 mg once daily for limited periods (when higher analgesia is required). Pain: Naprosyn or Naproxen: 250-500 mg PO twice daily. The maximum dose on day one should not exceed 1250 mg and 1000 mg on subsequent days. Anaprox: 275-550 mg PO twice daily. The maximum dose on day one should not exceed 1375 mg and 1100 mg on subsequent days. Extended-release Naprelan: Not recommended due to delay in absorption. There is no documentation of the rationale behind the long-term use of Naproxen. NSAID should be used for the shortest duration and the lowest dose. There is no documentation from the patient file that the provider titrated Naproxen to the lowest effective dose and used it for the shortest period possible. Naproxen was used without clear documentation of its efficacy. Furthermore, there is no documentation that the provider followed the patient for NSAID adverse reactions that are not limited to GI side effect, but also may affect the renal function. Therefore, the request for Naproxen 550 mg #30 is not medically necessary.