

<b>Case Number:</b>	CM15-0005792		
<b>Date Assigned:</b>	01/20/2015	<b>Date of Injury:</b>	06/18/2013
<b>Decision Date:</b>	03/18/2015	<b>UR Denial Date:</b>	12/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/12/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 42 year old male, who sustained an industrial injury on 6/18/2013. The injured worker has complaints of low back pain and paresthesias. The diagnoses have included dorsal lumbosacral strain and sprain, rule out herniated nucleus pulposus. Treatment to date has included medications for pain and muscle relaxants; lumbar epidural injections times one as well as acupuncture and an Magnetic Resonance Imaging (MRI) of his lower back which revealed positive findings of arthritis in his back. Lumbar spine on palpation has some tenderness in the paradorsal muscle from D8 to D12 bilaterally, spasm and guarding noted; he had no tenderness in lumbar spine from L5 to S1 area; sensory and motor deficit intact bilaterally and reflexes were intact bilaterally. According to the utilization review performed on 12/23/14, the requested Naproxen tablets 250 mg has been the CA MTUS Chronic Pain Medical Treatment Guidelines (May, 2009), 1-127; Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), 67-73, specific drug list and adverse effects, 70-73, all Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) have {U.S. Boxed Warning} were used. Magnetic Resonance Imaging (MRI) of the lumbar spine without contrast 9/30/2013 impression.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen tablets 250 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60, 111-113, 7-73, and 41-42.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatory medications. Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** This patient presents with complaints of low back pain and lower extremity paresthesia and has a diagnoses of lumbosacral neuritis and lumbosacral sprain/strain. The current request is for naproxen tablets 250 mg. The Utilization review denied the request stating that NSAID is appropriate for short-term course of therapy only. The MTUS Guidelines page 22 regarding anti-inflammatory medications states that "anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." The medical file includes progress reports from 07/11/2014 through 12/04/2014. This appears to be an initial request for this medication. In this case, anti-inflammatory is a first line of treatment to reduce pain and may be indicated for this patient; however, the request is for naproxen tablet 250 mg without specifying quantity or recommended duration of use. An open-ended prescription for medication cannot be supported as MTUS page 60 requires documentation of pain assessment and functional changes when medications are used chronic pain. The requested naproxen tablets 250 mg IS NOT medically necessary.