

<b>Case Number:</b>	CM15-0009358		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/14/2011
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	01/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/15/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine

### 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 67 year old male, who sustained an industrial injury on July 14, 2011. He has reported hip and back pain. The diagnoses have included gastritis, hypertension, diabetes, lower back pain, chronic strained lumbosacral ligament. Treatment to date has included medications, left total hip replacement, lumbar surgery, and shoulder surgery. Currently, the IW complains of continued neck, back, and hip pain. Physical findings are noted as tenderness to the cervical spine area, thoracic spine area, and right shoulder, along with stiffness and pain of the left hip area. On January 14, 2015, Utilization Review non-certified Naproxen 550, twice daily, quantity #60, and Pravastatin 40, quantity #30, based on MTUS, Chronic Pain Medical Treatment guidelines. On January 15, 2015, the injured worker submitted an application for IMR for review of Naproxen 550 twice daily, quantity #60, and Pravastatin 40, quantity #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 BID #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67 ( pdf format).

**Decision rationale:** The requested medication, Naproxen is not medically necessary for the treatment of the claimant's pain condition. Naproxen is a non-steroidal anti-inflammatory medication ( NSAID). These medications are recommended for the treatment of chronic pain as a second line therapy after acetaminophen. The documentation indicates the claimant has a history of hypertension and diabetes. There is no documentation of ongoing pain. Given his history of hypertension and the need for concomitant treatment with a proton pump inhibitor for GI protection due to his age, there should be a specific indication for NSAID treatment. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

**Pravastatin 40 #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS.  
Decision based on Non-MTUS Citation Medscape Internal Medicine 2014- Statin Therapy

**Decision rationale:** Pravastatin is a statin primarily used for the treatment of dyslipidemia and the prevention of cardiovascular disease. It is recommended to be used only after other measures, such as diet, exercise, and weight reduction, have not improved cholesterol levels. The claimant has medical conditions of diabetes and hypertension that may warrant statin therapy but these conditions are not related to his work related injuries. Medical necessity for the requested item has not been established. the requested item is not medically necessary.