

<b>Case Number:</b>	CM15-0009938		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female, who sustained an industrial injury on 6/11/12. She has reported neck and back pain. The diagnoses have included cervical spine discogenic neck pain with radiculopathy, lumbar spine discogenic back pain with radiculopathy and stress. Treatment to date has included medications and home exercise program. (MRI) magnetic resonance imaging performed on 7//31/14 revealed 4-5 mm protrusions at L3-4 and L4-5 with protrusion toward neuroforamina. Currently, the injured worker complains of neck and back pain. Physical exam noted decreased range of motion of the cervical and lumbar spine. There is midline and paraspinal tenderness over cervical and lumbar spine. On 12/11/14 Utilization Review non-certified Naproxen 550mg # 60, noting the recommendations are for short term use and there is no evidence as to why over the counter NSAID would not be reasonably applicable. The MTUS, ACOEM Guidelines, was cited. On 1/16/15, the injured worker submitted an application for IMR for review of Naproxen 550mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Discussion Page(s): 6.

**Decision rationale:** The injured worker sustained a work related injury on 6/11/12. The medical records provided indicate the diagnosis of cervical spine discogenic neck pain with radiculopathy, lumbar spine discogenic back pain with radiculopathy and stress. Treatment to date has included medications and home exercise program. The medical records provided for review do not indicate a medical necessity for Naproxen 550mg #60. The records indicate the injured worker has been using this medication for at least two months. The subsequent reviews have an entry, "Not improved", without detailed description of nature, quality and severity of the pain. The MTUS recommends a thorough history and physical examination of the injured worker. The requested treatment is not medically necessary and physical due to insufficient information needed in the decision process.