

<b>Case Number:</b>	CM15-0140577		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: 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 41 year old female, who sustained an industrial injury on 8-06-2013. The injured worker was diagnosed as having neural encroachment L1-2 with radiculopathy. Treatment to date has included diagnostics, physical therapy, home exercise, transcutaneous electrical nerve stimulation unit, epidural injection, and medications. Urine toxicology reports (2-2015, 3-2015, 4-2015) were inconsistent with prescribed medications. Currently, the injured worker complains of low back pain and left greater than right lower extremity symptoms. Medication at current dosing facilitated maintenance of activities of daily living. Non-steroidal anti-inflammatory drug use facilitated range of motion and decreased pain an additional 3 point average. No gastrointestinal upset was noted with current dose of proton pump inhibitor and Naproxen. The treatment plan included the continued use of non-steroidal anti-inflammatory drugs, noting use for greater than six months. Work status was partial temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-71.

**Decision rationale:** The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. Additionally, he has been taking high dose Naproxen since June, 2014 without documented increases in function and remains on partial temporary disability. The request for Naproxen Sodium 550mg #90 is determined to not be medically necessary.