

<b>Case Number:</b>	CM15-0145887		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/29/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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, New York, 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 applicant is a represented 30-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 29, 2014. In a Utilization Review report dated July 17, 2015, the claims administrator failed to approve a request for naproxen. The claims administrator referenced an RFA form received on July 1, 2015 and an associated progress note of June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 3, 2015 progress note, the applicant reported heightened pain complaints with derivative psychological issues to include poor memory, poor concentration, poor sleep, increased in sadness, and tearful episodes. The applicant was using a cane to move about. Lifting, sitting, standing, walking, and bending all remained problematic, the applicant reported. The applicant was placed off of work, on total temporary disability. Norco, Ativan, Zolof, and creams and medications were renewed while the applicant was placed off of work, on total temporary disability. There was no explicit mention of naproxen in the body of this particular note. No seeming discussion of medication efficacy transpired. On multiple RFA forms dated June 22, 2015, naproxen, Prilosec, Flexeril, Norco, Ativan, Zolof, topical compounds, and the spine surgery consultation in question were endorsed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management; Anti-inflammatory medications Page(s): 7; 22.

**Decision rationale:** No, the request for naproxen, an anti-inflammatory medication, is not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as naproxen do represent the traditional first-line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability; it was reported on June 3, 2015. The applicant's pain complaints were described as heightened at that point in time. The applicant was having difficulty performing activities of daily living as basic as lifting, sitting, standing, and walking, it was reported on that date. The applicant remained dependent on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of naproxen. Therefore, the request is not medically necessary.