

<b>Case Number:</b>	CM15-0160986		
<b>Date Assigned:</b>	08/27/2015	<b>Date of Injury:</b>	04/01/2004
<b>Decision Date:</b>	10/06/2015	<b>UR Denial Date:</b>	08/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/17/2015

### 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, Pain Management

### 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(n) 39 year old male, who sustained an industrial injury on 4-1-04. He reported pain in his lower back after loading some heavy boxes. The injured worker was diagnosed as having status post L5-S1 fusion, status post L4-L5 fusion, chronic lumbar radiculopathy and lumbar degenerative disc disease. Treatment to date has included a lumbar facet injection, a lumbar MRI, physical therapy and Naprosyn since at least 4-27-15. As of the PR2 dated 7-27-15, the injured worker reports flare ups in the lower back and clicking in his lumbar spine with activity. Objective findings include lumbar flexion is 25 degrees, lateral bending is 20 degrees bilaterally and a negative straight leg raise test. The treating physician requested Anaprox 550mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen (Naprosyn) delayed release.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**Decision rationale:** Regarding the request for Naproxen (Anaprox), Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, it appears this medicine has recently been started. This is a reasonable treatment option for patient with moderate to severe pain. Of course, ongoing use would require documentation of analgesic efficacy and/or objective functional improvement as well as discussion regarding side effects. A one-month prescription of this medicine should allow the requesting physician time to document those things. As such, the currently requested Naproxen is medically necessary.