

<b>Case Number:</b>	CM15-0162870		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	11/19/2014
<b>Decision Date:</b>	10/09/2015	<b>UR Denial Date:</b>	07/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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: Emergency 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 61 year old female, who sustained an industrial injury on 11-19-2014. She reported pain to the thoracic and lumbar spines. The mechanism of injury is not indicated. The injured worker was diagnosed as having right latissimus dorsi strain, thoracic spine sprain and strain, and lumbar spine sprain and strain. Treatment to date has included medications, physical therapy, and urine drug screening. The request is for Naproxen. On 12-1-2014, she reported pain to the mid-low back area. The treatment plan included: physical therapy evaluation and treatment. On 5-20-2015, she reported pain to the thoracic and lumbar spine. She felt the pain was increased. She rated her pain 8-9 out of 10. The treatment plan included: Tramadol, Naproxen, Pantoprazole sodium, x-rays of the lumbar, cervical and thoracic spines, magnetic resonance imaging of the lumbar spine, electrodiagnostic studies and follow up in 4-6 weeks. Her work status is temporarily totally disabled. On 7-15-2015, she reported pain to the thoracic and lumbar spine areas. She rated the pain 8 out of 10. She indicated she was having problems sleeping and staying asleep. She indicated the pain is increased with standing and walking and has not gotten any better. The treatment plan included: naproxen, Cyclobenzaprine, acupuncture, x-rays, urine drug screening, and follow up. Her work status is temporarily totally disabled.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen 550mg #90 (dispensed 7/15/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** The requested Retrospective Naproxen 550mg #90 (dispensed 7/15/15), is not medically necessary. California's Division of Workers' Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has pain to the thoracic and lumbar spine areas. She rated the pain 8 out of 10. She indicated she was having problems sleeping and staying asleep. She indicated the pain is increased with standing and walking and has not gotten any better. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Retrospective Naproxen 550mg #90 (dispensed 7/15/15) is not medically necessary.