

<b>Case Number:</b>	CM15-0164326		
<b>Date Assigned:</b>	09/01/2015	<b>Date of Injury:</b>	04/01/2007
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: New Jersey, New York  
 Certification(s)/Specialty: Family Practice

### 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 33 year old female, who sustained an industrial injury on 4-1-07. She reported pain in her lower back after repeatedly lifting a heavy object. The injured worker was diagnosed as having chronic intermittent cervicalgia and chronic intermittent lumbago. Treatment to date has included a lumbar x-ray and cervical x-ray on 6-22-15. As of the PR2 dated 6-22-15, the injured worker reports intermittent low back and neck pain. Objective findings include palpable tenderness over the paraspinal L5-S1 region, normal gait and no evidence of weakness walking in the toes or heels. The treating physician recommended physical therapy and acupuncture. The treating physician requested to start Anaprox 550mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The request for Anaprox is medically unnecessary. NSAIDs are recommended at the lowest dose for the shortest duration. The patient's back and neck pain have been treated with NSAIDs, but there was no documentation of objective functional improvement and quantitative improvement in pain scores. NSAIDs come with many risk factors including renal dysfunction and GI bleeding. Therefore, long-term chronic use is unlikely to be beneficial. Because of these reasons, the request is not medically necessary.