

<b>Case Number:</b>	CM15-0168400		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	08/06/2012
<b>Decision Date:</b>	10/07/2015	<b>UR Denial Date:</b>	08/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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

### 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 8-6-12. The assessment is lumbar herniated nucleus pulposus with left lower extremity radiculopathy, cervical myoligamentous injury with associated cervicogenic headaches, left shoulder impingement syndrome, post-concussive head syndrome, reactionary depression-anxiety, and medication induced gastritis. Previous treatment includes at least 8 physical therapy sessions, lumbar epidural steroid injections 4-25-13 and 5-11-15, Norco, Voltaren, Trazadone, Prozac, Vistaril, MRI-lumbar spine 4-24-15, and psychological treatment. In a follow-up pain management consultation, review of records and request for authorization dated 7-13-15, the physician notes a lumbar epidural steroid injection was done on 5-11-15. The injured worker reports 50%-60% pain relief. She is more active, has greater range of motion, and is performing more activities of daily living. She is using a home exercise kit and is increasing her functional abilities. She continues to rely on analgesic medications on a daily basis; Anaprox with Neurontin for neuropathic pain, which provides about 30% pain relief. She continues to have significant signs of depression. Medications are Anaprox DS 550mg 1 tablet twice a day, Prilosec, Doral, Prozac, Neurontin, and Elavil. There is decreased range of motion, tenderness to palpation and muscle guarding of the cervical spine and lumbar spine. Sensory exam is decreased along the lateral thigh, lateral calf and dorsum of the foot in about the L5-S1 distribution. Straight leg raise in the modified sitting position is positive at 60 degrees, which caused radicular symptoms. Shoulder range of motion is decreased. She is noted to be

permanent and stationary. On 8-13-15 utilization review non-certified the requested treatment of Anaprox DS 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 Non Steroidal Anti Inflammatory Drugs; Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Page 22.

**Decision rationale:** 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. Monitoring of NSAID's functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2012 injury nor have they demonstrated any functional efficacy derived from treatment already rendered. The Anaprox 550mg is not medically necessary and appropriate.