

<b>Case Number:</b>	CM15-0182252		
<b>Date Assigned:</b>	09/23/2015	<b>Date of Injury:</b>	05/28/2014
<b>Decision Date:</b>	10/27/2015	<b>UR Denial Date:</b>	09/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/16/2015

### 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: Massachusetts

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 44 year old female, who sustained an industrial-work injury on 5-28-14. She reported initial complaints of low back pain. The injured worker was diagnosed as having sciatica. Treatment to date has included medication and diagnostics. EMG-NCV (electromyography and nerve conduction velocity test) was reported on 4-21-15 to be normal. Currently, the injured worker complains of lumbar pain. She is back to work with restrictions. Meds include Naproxen (prescribed since 6-5-14) and Cyclobenzaprine. Per the primary physician's progress report (PR-2) on 8-28-15, exam notes no acute distress, low back is tender but is able to flex and touch toes. Current plan of care includes pain management. The Request for Authorization requested service to include Naprosyn 500mg #60. The Utilization Review on 9-3-15 denied the request for Naproxen 500 mg #60 due to lack of documentation of the individual treatment goals, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The claimant history of a work injury occurring in May 2014 after falling on concrete. She was seen in an Emergency Room in September 2014 with severe pain. Medications included Flexeril, Vicodin, and naproxen. Vicodin was providing the most pain relief. A recent MRI had been normal. Follow-up visits with the requesting provider are documented beginning in March 2015. Pain scores range from 2-8/10. In April 2015 cyclobenzaprine was prescribed. In August 2015 she was requesting refills of cyclobenzaprine and Naproxen. There was a pending pain management evaluation. She had returned to restricted work. Physical examination findings included low back tenderness. Naproxen and cyclobenzaprine were prescribed. Oral NSAIDS (non-steroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations. The claimant has not returned to unrestricted work and a pain management evaluation is pending. Opioid medication is no longer being prescribed. The request is considered medically necessary.