

<b>Case Number:</b>	CM15-0184232		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	10/30/2015	<b>UR Denial Date:</b>	09/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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:

This is a 49 year old male with a date of injury on 6-14-10. A review of the medical records indicates that the injured worker is undergoing treatment for chronic neck, knee, hip and mid to low back pain. On 8-24-15 the injured had a follow up for cervical pain, stenosis, sciatica and tinnitus. He reported good coverage for pain relief with butrans. He uses anti-inflammatory medicine and reports switch from naproxen to ibuprofen did not improve the ringing in his ears. Objective findings: he appears anxious fatigued and in pain, he ambulates with a walker, left knee tenderness and spasm and guarding noted regarding lumbar spine. Work status is permanent and stationary. Medication includes: senokot, pantopazole, butrans, naproxen, duloxetine, gabapentin and trazodone. He participates in cognitive behavior therapy. Request for authorization dated 8-25-15 was made for naproxen 550 mg quantity 90, supply 30 days. Utilization review dated 8-31-15 non-certified the request.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sod tab 550mg #90 supply: 30 days:** Overturned

**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 Naproxen sod tab 550mg #90 supply: 30 days, is medically necessary. California's Division of Worker's 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 cervical pain, stenosis, sciatica and tinnitus. He reported good coverage for pain relief with butrans. He uses anti-inflammatory medicine and reports switch from naproxen to ibuprofen did not improve the ringing in his ears. Objective findings: he appears anxious fatigued and in pain, he ambulates with a walker, left knee tenderness and spasm and guarding noted regarding lumbar spine. The treating physician has documented the medical necessity for this NSAID. The criteria noted above having been met, Naproxen sod tab 550mg #90 supply: 30 days is medically necessary.