

<b>Case Number:</b>	CM15-0196204		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	02/18/2014
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 43 year old male who sustained an industrial injury on 2-18-14. A review of the medical records indicates he is undergoing treatment for low back pain, lumbar degenerative disc disease, spondylosis of lumbosacral region, chronic pain syndrome, and myalgia. Medical records (5-11-15 to 9-11-15) indicate ongoing complaints of low back pain, as well as knee pain. The 9-11-15 record indicates that his pain has been worse because the Naproxen has been denied. The 8-7-15 progress record states that he takes the Naproxen because it assists with chronic stiffness and inflammation of joints in conjunction with the Tramadol. The report states his pain is tolerable most days with his medications. His pain rating has not changed since 5-11-15. He describes his pain as aching and stabbing in the low back. He rates the pain 5 out of 10 without medications. The physical exam (9-11-15) reveals an antalgic gait. The straight leg test is negative. Increased pain is noted with flexion of the lumbar spine. Bilateral lower extremity strength is 5 out of 5. Sensation is noted to be intact and equal. Tenderness and spasm is noted over the right paraspinal. Diagnostic studies have included an MRI of the lumbar spine. Treatment has included physical therapy, chiropractic therapy, and medications. His medications include Hydrochlorothiazide, Tramadol, Naproxen, Levothyroxine, Cyclobenzaprine, Oxybutynin, and Lisinopril. He has been receiving Naproxen since, at least, 12-31-14. The records states that his medications help decrease pain and increase function, in that he is able to stay active and take care of his home with his pain tolerable. The record states that he is unable to walk for more than 10 minutes without his medications. The utilization review (9-21-15)

includes a request for authorization of Naproxen Sodium (Anaprox) 550mg #60. The request was denied.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Naproxen Sodium (Anaprox) 550mg #60: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Compensation, 2015 web-based edition; [http://www.dir.ca.gov/t8/ch4\\_5sb1a5\\_5\\_2.html](http://www.dir.ca.gov/t8/ch4_5sb1a5_5_2.html).

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

**Decision rationale:** The claimant sustained a work injury in February 2014. His injury occurred when he had sharp low back pain radiating into the right leg while moving heavy tools from carts. Medications are referenced as being taken as directed and well-tolerated. He takes extended release tramadol for chronic severe pain and naproxen for its anti-inflammatory effect. When seen, he was having aching and stabbing in the low back. Pain was rated at 5/10 without medications. Physical examination findings included a body mass index over 50. He had right paraspinal tenderness with spasms and increased pain with lumbar flexion. Oral NSAIDS (nonsteroidal antiinflammatory 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 claimant has chronic persistent pain and medications are providing benefit and are without side effects. The dosing is within guideline recommendations and the request was medically necessary.