

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0201454 |                              |            |
| <b>Date Assigned:</b> | 10/16/2015   | <b>Date of Injury:</b>       | 03/14/2012 |
| <b>Decision Date:</b> | 11/24/2015   | <b>UR Denial Date:</b>       | 09/29/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 10/13/2015 |

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 67 year old female who sustained an industrial injury on March 14, 2012. The worker is being treated for lumbar spine degenerative disc disease, anxiety and depression. Subjective: August 31, 2015 still with constant aching in low back, acupuncture was "not of much help," and the symptoms of back pain and bilateral leg pain with burning are essentially unchanged. Chiropractic care "was better to reduce pain." July 02, 2015 pain in her lower back that radiates down bilateral legs to feet; leg cramps improving. Objective: July 02, 2105 hypertonic thoracolumbar paraspinal muscles bilaterally; hypertonic gluteal muscles bilaterally. Medications: August 31, 2015 changed from Relafen to Anaprox. May 18, 2015 changed to Relafen. Treatment modalities: activity modifications, medications, acupuncture care, chiropractic care, home exercise program, psychologist. On September 23, 2015 a request was made for Anaprox 550mg #90 with one refill that was noncertified by Utilization Review on September 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #90 with one refill: Upheld**

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

**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:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case, the continued use of Naproxen is not warranted, as there is no demonstration of functional improvement from the exam note from 7/2/15. Additionally per the provided medical records, this patient does not have a diagnosis of osteoarthritis. Therefore, the request is not medically necessary.