

<b>Case Number:</b>	CM15-0202736		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	02/08/2010
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	09/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/14/2015

### 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 56 year old male, who sustained an industrial injury on 02-08-2010. He has reported injury to the low back. The diagnoses have included low back pain; lumbar spinal stenosis; radiculitis bilateral lower extremities-neuropathic pain; and major depressive disorder. Treatments have included medications, diagnostics, bracing, lumbar epidural steroid injection, physical therapy, and surgical intervention. Medications have included Oxycodone, Flexeril, Naproxen, Gabapentin, Duloxetine, and Wellbutrin. Surgical interventions have included lumbar fusion in 2013 and fusion again in 05-2015. A progress report from the treating provider, dated 09-01-2015, documented an evaluation with the injured worker. The injured worker reported low back pain rated at 6 out of 10 in intensity; the pain is described as intermittent sharp pain that he has had since 2010; the pain is improved with Gabapentin, Wellbutrin, and Duloxetine; he has currently weaned himself off of Oxycodone; he currently takes Naproxen Sodium 500mg by mouth three times a day per the suggestion of his orthopedic surgeon. Objective findings included he is alert and oriented; gait is antalgic; he walks with a cane; lumbar flexion is decreased to 30 degrees, extension to less than 5 degrees; hip flexion is 4 out of 5 on the right; and knee extension is 4 out of 5 on the right. The treatment plan has included the request for Naproxen 500mg #90. The original utilization review, dated 09-17-2015, non-certified the request for Naproxen 500mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects.

**Decision rationale:** The claimant sustained a work injury in February 2010 when he had sharp low back pain after stepping off a curb and underwent an L5/S1 fusion in 2013 with revision fusion surgery in May 2015. He has a history of gastroesophageal reflux disease. When seen, there was decreased lumbar range of motion. There was decreased right lower extremity strength. Naproxen, gabapentin, Wellbutrin, and Duloxetine was prescribed. The naproxen dose was 500 mg three times per day. 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 of 1500 mg per day is not consistent with guideline recommendations and the claimant has a history of gastroesophageal reflux disease. It cannot be accepted as being medically necessary.