

<b>Case Number:</b>	CM15-0209483		
<b>Date Assigned:</b>	10/28/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	12/09/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2015

### 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: Ohio, West Virginia

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Medical Toxicology

### 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 55 year old male, who sustained an industrial injury on 5-23-2013. Medical records indicate the worker is undergoing treatment for lumbar degenerative disc disease and left knee internal derangement-post arthroscopy. A recent progress report dated 8-14-2015, reported the injured worker complained of low back pain and left knee pain. Physical examination revealed lumbar tenderness to palpation with multiple palpable and tender trigger points, an antalgic gait and left knee medial and lateral joint line tenderness. Lumbar magnetic resonance imaging showed left sided lumbar 3-4 disc herniation and a lumbar 4-5 disc herniation. Left knee arthrogram showed medial and lateral meniscus tears. Treatment to date has included chiropractic care, hypnotherapy-psychotherapy, TENS (transcutaneous electrical nerve stimulation), bilateral lumbar epidural steroid injection, physical therapy, Anaprox and Prilosec. The physician is requesting Anaprox DS 550mg #60, twice daily as needed. On 10-1-2015, the Utilization Review noncertified the request for Anaprox DS 550mg #60, twice daily as needed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550mg #60, twice daily as needed: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS specifies four recommendations regarding NSAID use:

1) Osteoarthritis (including knee and hip): Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. 2) Back Pain - Acute exacerbations of chronic pain: Recommended as a second-line treatment after acetaminophen. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute LBP. 3) Back Pain - Chronic low back pain: Recommended as an option for short-term symptomatic relief. A Cochrane review of the literature on drug relief for low back pain (LBP) suggested that NSAIDs were no more effective than other drugs such as acetaminophen, narcotic analgesics, and muscle relaxants. The review also found that NSAIDs had more adverse effects than placebo and acetaminophen but fewer effects than muscle relaxants and narcotic analgesics. 4) Neuropathic pain: There is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough and mixed pain conditions such as osteoarthritis (and other nociceptive pain) in with neuropathic pain. The medical documents do not indicate that this IW is being treated for osteoarthritis. Additionally, the treating physician does not document failure of primary (Tylenol) treatment. Progress notes do not indicate how long this IW has been on naproxen, but the MTUS guidelines recommend against long-term use with the smallest dose for the shortest period of time being recommended only for acute exacerbations/break through in the setting of chronic pain. There is no indication in the record provided of an acute exacerbation. As such, the request for Anaprox DS 550mg #60 is deemed not medically necessary.