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| <b>Case Number:</b>   | CM15-0024727 |                              |            |
| <b>Date Assigned:</b> | 02/17/2015   | <b>Date of Injury:</b>       | 03/22/2006 |
| <b>Decision Date:</b> | 03/30/2015   | <b>UR Denial Date:</b>       | 02/02/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/09/2015 |

### 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 54 year old male who sustained an industrial injury on 3/22/06. The injured worker reported symptoms in the back and bilateral lower extremities. The diagnoses included status post L4-S1 anterior lumbar instrumented fusion, status post L5-S1 anterior posterior fusion, and bilateral L4 radiculopathy, and L3-4 adjacent segment degeneration, ruler out pseudoarthrosis, chronic intractable pain, and gastroesophageal reflux disease. Treatments to date include oral pain medication, status post L4-S1 anterior lumbar instrumented fusion, status post L5-S1 anterior posterior fusion. In a progress note dated 1/20/15 the treating provider reports the injured worker was with "worsening numbness in the bilateral anterior thighs ending at the knees, worse with sitting...ongoing back pain as well...problems controlling his bladder and bowels." On 2/2/15 Utilization Review non-certified the request for Anaprox 500 milligrams modified to Anaprox 500 milligrams quantity of 60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 500mg:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects, p73 Page(s): 73.

**Decision rationale:** The claimant is nearly 10 years status post work-related injury and continues to be treated for chronic bilateral lower extremity and radiating low back pain. Treatments have included lumbar fusion surgeries. Oral NSAIDS (nonsteroidal antiinflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation as in this case. Dosing of Anaprox (naproxen) is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, Anaprox taken two times per day is in within guideline recommendations and therefore medically necessary.