

<b>Case Number:</b>	CM15-0025444		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	03/10/1999
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	02/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 53 year old male who sustained an industrial injury on 03/10/1999. Current diagnoses include cervical radiculopathy status post cervical fusion, rotator cuff sprain status post arthroscopy, and lumbar strain. Previous treatments included medication management, cervical fusion, rotator cuff arthroscopy, physical therapy, and home exercise program. Report dated 01/29/2015 noted that the injured worker presented with complaints that included neck, right shoulder, thoracic, and low back pain. Pain level was rated as 6-8 out of 10 on the visual analog scale (VAS). Physical examination was positive for abnormal findings. Utilization review performed on 02/09/2015 non-certified a prescription for Anaprox DS, based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS in making this decision.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS #100:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Pain Outcomes and Endpoints Page(s): 22, 8-9.

**Decision rationale:** The 2/09/15 Utilization Review letter states the Anaprox DS, #100 requested on the 1/29/15 medical report was denied because there was no functional improvement or documentation of an acute flare up. According to the 1/29/15 psychiatry report, the patient has ability to do his daily exercises with Anaprox and gabapentin. The report states the Anaprox 550mg, gives 50% pain relief for 6 hours per dose. He has been diagnosed with cervical radiculopathy s/p cervical fusion; rotator cuff sprain s/p arthroscopy and lumbar strain and finds relief with medications in the neck, right shoulder, thoracic region and low back. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS Chronic Pain Medical Treatment Guidelines, pg 8 under Pain Outcomes and Endpoints states: "When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." MTUS guidelines has support for NSAIDs for chronic low back pain. The physician reports decreased pain levels, and improved function with use of the Anaprox. The continued use of NSAIDs with a satisfactory response appears to be in accordance with MTUS guidelines. The request for Anaprox DS, #100, IS medically necessary.