

<b>Case Number:</b>	CM15-0218197		
<b>Date Assigned:</b>	11/10/2015	<b>Date of Injury:</b>	07/30/2008
<b>Decision Date:</b>	12/21/2015	<b>UR Denial Date:</b>	11/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2015

### 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 45 year old male, who sustained an industrial injury on 7-30-08. The injured worker was diagnosed as having chronic strain-sprain thoracolumbosacral spine and associated musculoligamentous structures; lumbar facet arthropathy. Treatment to date has included status post left ankle reconstructive surgery (2-2013); physical therapy; medications. Diagnostics studies included MRI lumbar spine (2-10-14); MRI left ankle (2-27-14). Currently, the PR-2 notes dated 9-24-15 indicated the injured worker complains of back pain. He reports he needs a refill of Cialis and Naproxen. He reports his back is "sore" and did ask for therapy but that was denied. The provider notes "There is a 'findings and Award' on the lumbar spine, left ankle, left foot, and right shoulder with a note that there is a need for future medical treatment to cure and relieve from the effects of the injury." The provider documents objective findings "Exam of the back, flexion is 72 degrees and extension is 10 degrees. He is tender at L4 through S1. He has a 3mm disc protrusion in his back." The provider documents an abnormal MRI of the lumbar spine dated 2-10-14 revealing "retrolisthesis of L5 on S1 and a 3mm midline disc protrusion resulting in abutment of the descending S1 nerve roots, bilaterally." He also notes an abnormal MRI of the left ankle dated 2-27-14 with "post-surgical changes of prior internal fixation of posterior-anterior calcaneal fractures at dorsal margin medial cuneiform; mild thickening with mild to moderate intrinsic heterogeneity distal posterior tibialis tendon strain-tendinosis. Non-visualization of the anterior talo-fibular ligament suggesting a chronic anterior talofibular ligament tear." The treatment plan includes a request for medications due to flare-ups of pain. The medical documentation includes a pharmacy sheet dated 7-16-15 that includes the medication Naprosyn dispensed on this date. A Request for Authorization is dated 11-5-15. A Utilization Review letter is dated 11-3-15 and non-certification for Naprosyn 550 mg. A request for authorization has been received for Naprosyn 550 mg.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550 mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** 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. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for this chronic 2008 injury nor have they demonstrated any functional efficacy in terms of improved work status, decreased VAS score level, specific increased in ADLs, decreased in pharmacological dosing or discontinuation of analgesics, and decreased in medical utilization derived from previous NSAID use. The Naprosyn 550 mg is not medically necessary and appropriate.