

<b>Case Number:</b>	CM15-0036659		
<b>Date Assigned:</b>	03/05/2015	<b>Date of Injury:</b>	12/07/2009
<b>Decision Date:</b>	04/16/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/26/2015

### 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 34 year old female, who sustained an industrial injury on December 7, 2009. The injured worker had sustained a neck and back injury related to a fall. The diagnoses have included lumbar sprain/strain, degeneration of cervical intervertebral disc and status post cervical fusion. Treatment to date has included medications, computed tomography scan and physical therapy. Current documentation dated January 21, 2015 notes that the injured worker reported ongoing neck pain. The injured worker's arm symptoms were noted to have improved. Physical examination of the cervical spine revealed marked rigidity and spasticity with diffuse tenderness. Range of motion was noted to be decreased. The Spurling test revealed pain on the right side of the neck. Sensation of the upper extremities was normal. On January 27, 2015 Utilization Review non-certified a request for Anaprox 550 mg # 60. The MTUS, Chronic Pain Medical Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications for chronic pain Page(s): 22, 60.

**Decision rationale:** The patient presents with ongoing neck pain. The request is for ANAPROX 550 MG QUANTITY 60. The RFA provided is dated 01/20/15. Patient's diagnosis included lumbar sprain/strain, degeneration of cervical intervertebral disc and status post cervical fusion. The patient is to return to modified duty. Regarding NSAID's, MTUS page 22 supports it for chronic low back pain, at least for short-term relief. MTUS page 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Anaprox was first noted in the progress report dated 12/10/14. The request appears reasonable given the patient's chronic neck pain; however, the treater does not discuss the impact of the NSAID on patient's pain or function. MTUS guidelines require a record of improvement in function and reduction in pain for continued use of chronic pain medications. Therefore, the current request IS NOT medically necessary.