

<b>Case Number:</b>	CM15-0037761		
<b>Date Assigned:</b>	03/06/2015	<b>Date of Injury:</b>	06/10/2008
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2015

### 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: Pennsylvania  
 Certification(s)/Specialty: Family Practice

### 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 48-year-old male, who sustained an industrial injury on 06/10/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. Diagnoses include low back pain with disc herniation at lumbar five to sacral one, mild facet joint degenerative changes at lumbar five to sacral one, flattening of disc with facet joint degenerative changes at lumbar four to five, lumbar radiculopathy, and right shoulder pain with superior labrum anterior and posterior lesion, adhesive capsulitis, and severe supraspinatus tendinosis. Treatment to date has included medication regimen, magnetic resonance imaging of the right shoulder, magnetic resonance imaging of the lumbar spine, and laboratory studies. In a progress note dated 01/29/2015 the treating provider reports a pain level of a three to four out of ten with medication and a pain level of nine out of ten without medication. The treating physician requested Naproxen noting that the injured worker's medication regimen enables the injured worker to perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium 550mg tablets twice daily quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** Nonsteroidal anti-inflammatory drugs such as naproxen may be recommended for osteoarthritis and acute exacerbations of chronic back pain. However, it is recommended only as a second line treatment after acetaminophen. Significant risks for side effects exist with nonsteroidal anti-inflammatory drugs as compared to acetaminophen. Furthermore, there is no evidence of long-term effectiveness for pain or function with the use of nonsteroidal anti-inflammatory drugs. The record indicates no trial of acetaminophen. Although the short-term use of naproxen for an acute exacerbation of pain may have been appropriate for this worker, the continued long-term use would not be appropriate, particularly with no documentation of a trial of acetaminophen.