

<b>Case Number:</b>	CM15-0083611		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	03/16/2011
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2015

### 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, Indiana, Oregon  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 44 year old female who sustained an industrial injury on 03/16/11. Initial complaints and diagnoses are not available. Treatments to date include medications, physical therapy, chiropractic treatments, and epidural steroid injection, and psychology sessions. Diagnostic studies include x-rays and a MRI of the lumbar spine, MRI of the cervical spine, and nerve conduction studies of the bilateral upper extremities. Current complaints include increased lower back pain, neck pain, shoulder blade pain, right jaw pain, headaches, stress, depression, depression, anxiety, and insomnia. Current diagnoses include musculoligamentous sprain/strain of the lumbar spine with radiculopathy, lumbar herniated nucleus pulposus with potential impingement of L5 roots bilaterally, cervical spine musculoligamentous sprain/strain, right C5-6 radiculopathy, cervicogenic headaches, complications of epidural steroid injection, temporomandibular joint disorder, bruxism, fracture of tooth, insomnia, adjustment disorder with anxiety and depression, and iatrogenic gastritis. In a progress note dated 04/16/15 the treating provider reports the plan of care as psychiatrist evaluation, follow up due to exacerbation of the lower back and neck pain, Cymbalta, Naprosyn, and yoga, stretching exercise, and water exercises. The requested treatment is Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 550mg, #90 with 2 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states that Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. Significant adverse events can occur and the use of NSAIDs in the face of prior GI side effects is not recommended. Alternative cyclo-oxygenase (COX) inhibitors are recommended by the CA MTUS in these cases. In this case, there are documented adverse reactions to Naproxen in the form of gastrointestinal upset. Based on the guidelines, the request is not medically necessary.