

<b>Case Number:</b>	CM15-0089556		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	05/19/2007
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: 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 62 year old male, who sustained an industrial injury on May 19, 2007 while working as an equipment operator. The injury occurred while lifting a heavy plastic pipe. The injured worker has been treated for low back complaints. The diagnoses have included multilevel lumbar degenerative disc disease, lumbar stenosis, lumbar radiculitis, low back pain, myalgia and chronic pain syndrome. Treatment to date has included medications, radiological studies, injections, physical therapy and a home exercise program. Current documentation dated April 8, 2015 notes that the injured worker reported low back pain with radiation to the lower extremities. The injured worker also noted tingling in the left low back and a patch of numbness on the lateral right thigh. The pain was rated a seven out of ten on the visual analogue scale with medications. The injured workers pain and symptoms were noted to be unchanged from the prior visit. Examination of the lumbar spine revealed tenderness over the paraspinal muscles and a decreased and painful range of motion. Sensation was decreased over the right lateral thigh. A straight leg raise test was positive on the left. The treating physician's plan of care included a request for Naprosyn 500 mg # 60 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60 with 3 refills: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pregabalin (Lyrica), Non-steroidal anti-inflammatory drugs Page(s): 9, 74, 78-97, 16-19, 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs for chronic pain (low back pain) Page(s): 67-68.

**Decision rationale:** This patient receives treatment for chronic low back pain. This relates to a work-related injury on 05/19/2007. NSAIDs are recommended as one of the treatment options for the short-term management of low back pain. In the clinical setting of chronic low back pain, NSAIDs are best suited to treat exacerbations of chronic low back pain. Long-term NSAID use is associated with complications, which include delayed healing of soft tissues, GI bleeding, and exacerbations of chronic kidney disease and heart failure. Ongoing use of is not medically indicated. The documentation does not show any monitoring of these complications. Naprosyn is not medically indicated.