

<b>Case Number:</b>	CM15-0089851		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	12/12/2013
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	04/30/2015
<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, Hawaii  
 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 42 year old male who sustained an industrial injury on 12/12/13. The injured worker was diagnosed as having exacerbation of degenerative disc disease and radicular complaints. Currently, the injured worker was with complaints of neck, right leg and lower back pain. Previous treatments included physical therapy, an injection, medication management and application of heat. Previous diagnostic studies included radiographic studies. The plan of care was for medication prescriptions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550 mg Qty 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-69.

**Decision rationale:** The patient presents with diagnoses as having exacerbation of degenerative disc disease and radicular complaints. Currently the injured worker complains of neck, right leg

and lower back pain. The current request is for Anaprox 550 mg Qty 60. Anaprox (Naproxen) is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. The treating physician request and supporting treating report are not included in the clinical history for review. MTUS Guidelines for medications for chronic pain state, "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS further states, "A record of pain and function with the medication should be recorded." MTUS does support the use of NSAIDs for chronic pain, specifically for low back, neuropathic and osteoarthritis. However, in this case, it is not known when the patient began taking this medication. Medication efficacy must be documented and there is no discussion of this in the reports. Without any discussion regarding pain reduction and functional improvement the request is not supported by MTUS. The current request is not medically necessary and the recommendation is for denial.