

<b>Case Number:</b>	CM15-0244341		
<b>Date Assigned:</b>	12/24/2015	<b>Date of Injury:</b>	10/12/2013
<b>Decision Date:</b>	01/29/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2015

### 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: Arizona, 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 a 50 year old female, who sustained an industrial injury on 10-12-13. The injured worker is diagnosed with lumbar sprain-strain, protrusion lumbar spine with spondylosis and annular tear at L3-L4 and disc extrusion L4-L5, bilateral sacroiliitis and lumbar spine protrusion at L4-L5 and L5-S1 with spondylosis. Her work status is temporary total disability. Notes dated 8-8-15 and 9-8-15 revealed the injured worker presented with complaints of low back pain with lower extremity symptoms, right greater than left that is rated at 7 out of 10. Physical examinations dated 8-8-15 and 9-8-15 revealed lumbar spine tenderness, decreased range of motion and positive straight leg raise, bilaterally (foot pain at 35 degrees on the right and distal calf pain at 40 degrees on the left). There is thoracic spine tenderness and limited range of motion. There is tenderness at the sacroiliac joint, right greater than left and a positive Patrick's test. There are lumboparaspinal muscle spasms noted. Treatment to date has included activity modification, exercise and stretching, moist heat and cold therapy and TENS unit. A lumbar epidural injection did not provide relief, per note dated 5-19-15. The note also states the injured worker did not experience therapeutic efficacy from physical therapy, chiropractic care, acupuncture and trigger point injections. Her medication regimen includes Duloxetine, which decreases her pain to 4-6 out of 10, Naproxen (4-2015) improves her range of motion and decreases "achy pain", Cyclobenzaprine and Pantoprazole, which allow her to engage in household chores, shopping, grooming and simple food preparation and cooking as well as facilitating maintenance of a healthy activity level. Diagnostic studies include lumbar spine MRI

and urine toxicology screen. A request for authorization dated 10-16-15 for Naproxen 550 mg #90 (retro request) is denied, per Utilization Review letter dated 11-13-15.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retro Naproxen 550 mg #90: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over 6 months. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. The claimant has GI symptoms and requires a PPI with the Naproxen. Continued use of Naproxen is not medically necessary.