

<b>Case Number:</b>	CM14-0130695		
<b>Date Assigned:</b>	08/22/2014	<b>Date of Injury:</b>	08/24/2009
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 70-year-old female with an injury date of 08/24/2009. Based on the 07/15/2014 progress report, the patient complains of having lower back pain and leg pain. The patient describes her pain as being aching and burning in the lower back, buttocks, and legs. She rates her pain as a 6/10 without medications. She reports of having headaches, stomach upset, sleepiness, depression, constipation, diarrhea, bladder problems, and insomnia. The patient has an antalgic gait and her sacroiliac joints are tender bilaterally. Patrick's sign and Gaenslen's are positive bilaterally as well. There is tenderness over the paraspinals and increased pain with extension. On 01/16/2012, the patient had an L5-S1 interlaminar epidural steroid injection. The patient's diagnoses include the following chronic pain syndrome; dysthymic disorder; muscle pain and numbness. Utilization review determination being challenged is dated 07/30/2014. Treatment reports were provided from 10/04/2013 - 07/15/2014. 1. Chronic pain syndrome. 2. Dysthymic disorder. 3. Muscle pain. 4. Numbness. Utilization review determination being challenged is dated 07/30/2014. Treatment reports were provided from 10/04/2013 - 07/15/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium DS tablets 550mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Page(s): 60, 61.

**Decision rationale:** According to the 07/15/2014 progress report, the patient complains of aching and burning in the lower back, buttocks, and legs. The request is for Naproxen Sodium DS tablets 550 mg #60. The patient has been taking Naproxen as early as 10/14/2013. The 10/14/2013, 11/19/2013, and 01/10/2014 reports all indicate that Naproxen is helpful and well tolerated. The 07/15/2014 report states that Naproxen has reduced the patient's pain. MTUS Guidelines support the use of non-steroidal anti-inflammatory drugs (NSAIDs) for chronic lower back pain as per page 22. For medication use and chronic pain, MTUS Guidelines page 60 also reports documentation of pain assessment and function as related to the medication use. In this case, there was documentation provided as to how helpful Naproxen has been for the patient. Therefore, this request is medically necessary.