

<b>Case Number:</b>	CM14-0156856		
<b>Date Assigned:</b>	09/26/2014	<b>Date of Injury:</b>	07/02/1993
<b>Decision Date:</b>	10/27/2014	<b>UR Denial Date:</b>	09/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2014

### 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 and Rehabilitation, has a subspecialty 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 patient is a 59-year-old male with an injury date of 07/02/1993. According to the 07/28/2014 progress report, the patient complains of having back pain, numbness and tingling of affected limbs and a constant 5/10 lower back pain. This lower back pain radiates to the groin and also creates pain over the tailbone when he lies down or sits up. He has a slow, unsteady gait. In regard to his hips, range of motion is restricted with adduction, limited to degree due to pain, internal rotation limited to degree due to pain, but normal flexion, extension, and abduction. In regard to lumbar spine, the patient has a restricted range of motion with flexion, extension, right lateral bending, left lateral bending, and lateral rotation to the left and lateral rotation to the right. On palpation, paravertebral muscles, tenderness, tight muscle band, and trigger point is noted on both sides. Multiple myofascial trigger points are also noted. This patient has a positive straight leg raise on both sides. The patient's diagnoses include the following: Lumbar disk displacement without myelopathy and other general symptom. The utilization review determination being challenged is dated 09/05/2014. There were 2 treatment reports provided from 07/28/2014 and 09/17/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium DS 550mg. unspecified quantity:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 101.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain ; Anti-inflammatory medications Page(s): 60-61; 22.

**Decision rationale:** According to the 07/28/2014 progress report, the patient complains of having back pain with numbness and tingling which radiates to the groin and also has pain over the tailbone. The request is for naproxen sodium DS 550 mg, unspecified quantity. There is no indication of when the patient began taking naproxen sodium. The 07/28/2014 report states, Naproxen sodium helps to bring the pain down and helps him to get through the day. No side effects reported. MTUS guidelines support the use of 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 medication use. In this case, the 07/28/2014 progress report states how helpful naproxen has been for the patient. Such as, Naproxen Sodium DS 550mg, unspecified quantity is not medically necessary. In this case, the 07/28/2014 progress report states how helpful naproxen has been for the patient. Recommendation is for authorization.