

<b>Case Number:</b>	CM14-0212338		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	05/24/2013
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/18/2014

### 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. 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 patient is a 53-year-old male who sustained a work injury on 5/24/13. He has been treated with chiropractic manipulation, physical therapy and medication. The attending physician report dated 10/23//14 (70) reported severe (8/10) pain in the lower back. The pain travels up the spine into the cervical region. Physical exam findings moderate restriction in lumbar flexion and extension. The patient is requesting refill of medication at this time. Tenderness is noted over the spinous process of L5 as well as the sacroiliac joints bilaterally. Sensation was intact to pinwheel. According to the records (34) the MRI showed very little abnormality. The records indicate the patient is not a candidate for surgery. The patient is using narcotic-level (Norco) medication. Pending authorization of EMG/NCV bilateral lower extremities. Functional capacity evaluation is pending. Additional physical therapy is recommended. The current diagnoses are: 1. Lumbar radiculopathy, clinically per patient history 2. Mild disc change at L5/S1 per MRI. The utilization review report dated 11/24/14 modified the request for Naproxen 550mg #60 with refill based on lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #60 with 1 refill:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66-67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The patient presents with chronic lower back pain. The current request is for Naproxen 550mg #60 with 1 refill. The treating physician has documented that the patient has been stable on Motrin since at least 7/31/14. There are no reports that indicate the patient suffers with dyspepsia. The MTUS guidelines state that NSAIDS are recommended for the treatment of osteoarthritis. There is no information reported that the patient is suffering from any side effects from this medication. As such, recommendation is for approval.