

<b>Case Number:</b>	CM14-0215309		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	06/20/1992
<b>Decision Date:</b>	03/04/2015	<b>UR Denial Date:</b>	12/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Colorado

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:

66 year old female with date of injury 6/20/1992 continues care with the treating physician. Patient's primary complaints are neck pain and bilateral shoulder pain. Her diagnoses include cervical spondylosis without myelopathy and interstitial myositis. Previous treatments have included massage and chiropractic which did not help much, and epidural steroid injections and RFA which have helped some. Patient currently uses topical medications and Naprosyn with reported improvement. Physical findings include tenderness in paraspinal muscles and decreased sensation in right upper extremity, which is chronic for patient. Treating physician requests approval of Naprosyn for ongoing management of pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen sodium 550mg #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 22 and 67-68.

**Decision rationale:** Per the Guidelines, Non-steroidal anti-inflammatory drugs may be considered first-line therapy for short-term, symptomatic relief of moderate to severe pain, and recent clinical trials support the use in chronic low back as an effective measure. (Acetaminophen is considered first line therapy for mild to moderate pain or in patient's at high risk for adverse gastrointestinal events.) The non-steroidal anti-inflammatory drugs, though, do have more documented side effects and adverse events than Acetaminophen and fewer side effects than opioids and muscle relaxers. There is insufficient evidence to recommend one non-steroidal anti-inflammatory drug over another. Per the Guidelines, no consistent, quality evidence exists to support the use of Non-steroidal anti-inflammatory drugs in neuropathic pain, but some evidence suggests they may be useful in breakthrough pain, or combination pain syndromes (nociceptive pain with neuropathic pain). There is insufficient evidence to support long term use of non-steroidal anti-inflammatory drugs for pain. As with other pain medications, assessment for improved pain and function should be documented when using non-steroidal anti-inflammatory drugs. For the patient of concern, the records indicate that Naproxen sodium was initiated at 10/8/2014 office visit for increased pain issues in neck / shoulders. By the 11/19/2014 office visit the patient reported improvement when taking Naproxen sodium, however, pain ratings at that visit were higher than previous visit (3/10 prior to Naproxen sodium initiation and 4/10 after taking the medication) There is no objective assessment of function documented for the patient after initiation of Naproxen sodium. Without documented improvement in pain and/or function, the Naproxen sodium is not medically indicated for continued use for treatment of pain.