

<b>Case Number:</b>	CM15-0017526		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	02/10/1989
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55-year-old male who reported injury on 02/10/1989. The mechanism of injury was not provided. The injured worker underwent multiple lumbar spine surgeries. The documentation indicated the injured worker had utilized Naprosyn since at least 06/2014. The documentation of 12/19/2014 revealed the injured worker's current medications included Naprosyn 500 mg. The injured worker was noted to have pain with medications of a 6/10 and without medications of a 10/10. The quality of sleep was poor and the activity level was decreased. The diagnostic studies included x-rays and a CT. The physical examination revealed the injured worker had range of motion was restricted with flexion limited to 45 degrees and extension to 15 degrees due to pain. The diagnoses included low back pain and post lumbar laminectomy syndrome. The injured worker had GI upset from medications but the medication that the injured worker used had been denied. The injured worker was noted to trial numerous other medications for GI upset; however, could not recall the names. The treatment plan included a continuation of Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60, take 1 twice a day (5 refills): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
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**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend NSAIDs for the short term symptomatic relief of pain. There should be documentation of objective functional improvement and an objective decrease in pain. They should be utilized for the shortest duration of time consistent with the individual injured worker treatment goals. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documentation of objective functional benefit. Additionally, there was a lack of documentation indicating a necessity for 5 refills as the medication is indicated for short term use. Given the above, the request for Naprosyn 500 mg #60 take 1 twice a day 5 refills is not medically necessary.