

<b>Case Number:</b>	CM15-0110578		
<b>Date Assigned:</b>	06/19/2015	<b>Date of Injury:</b>	09/10/2014
<b>Decision Date:</b>	07/24/2015	<b>UR Denial Date:</b>	05/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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, 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 injured worker is a 39-year-old male who sustained an industrial injury on 09/10/2014. Current diagnoses include thoracic pain and anxiety. Previous treatments included medication and rest. Previous diagnostic studies include a thoracic spine MRI. Report dated 05/20/2015 noted that the injured worker presented with complaints that included upper/mid back pain with radiation to the bilateral shoulders and cervical spine with numbness, tingling, and weakness. Pain level was 3 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation in the upper thoracic spine, and painful and decreased range of motion. The treatment plan included prescribing Naproxen, pantoprazole, request for acupuncture, and pending authorization for an MRI of the thoracic spine and initial functional capacity evaluation. Disputed treatments include Naproxen.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg, #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects - Naproxen (Naprosyn).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The patient presents with upper/mid back pain with radiation to the bilateral shoulders and cervical spine with numbness, tingling, and weakness. The current request is for Naproxen 550mg, #90. The treating physician states, in a report dated 05/20/15, Naproxen 550mg. Take PO 3 times daily for inflammation and pain #90. (18B) The MTUS Guidelines regarding NSAIDs on page 67 state, Recommended at the lowest dose for the shortest period in patients with moderate to severe pain. In this case, the treating physician has documented that the patient has moderate pain relief with NSAID usage, there are no side effects noted and the patient has functional improvements that have allowed a return to modified duty. The current request is medically necessary.