

<b>Case Number:</b>	CM15-0112001		
<b>Date Assigned:</b>	06/18/2015	<b>Date of Injury:</b>	12/21/2013
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/10/2015

### 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: Texas, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 43 year old male, who sustained an industrial injury on December 21, 2013. He reported seizures, headaches, neck pain, mid back pain, upper back pain and low back pain with associated nausea after a fall while working construction. The injured worker was diagnosed as having vertebral compression fracture of the thoracic and cervical spine and status post traumatic seizures. Treatment to date has included diagnostic studies, physical therapy, medications and work restrictions. Currently, the injured worker complains of seizures, headaches, neck pain, mid back pain, upper back pain and low back pain with associated nausea. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on November 19, 2014, revealed continued pain as noted. He reported sleep disruptions, anxiety and depression. He reported a history of seizures after a motor vehicle accident before the industrial injury. He reported controlling the seizures with Dilantin. He reported a craniotomy in 2003 for a subdural hematoma. It was noted he had improvement in pain with physical therapy. Cognitive behavioral therapy and additional physical therapy were recommended. A functional restoration program and medications were requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Naproxen Sodium 550mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 67 of 127.

**Decision rationale:** This claimant was injured in 2013, now two years ago, after a fall while working construction. There was a vertebral compression fracture and other trauma effects. The NSAIDs have been used long term. The MTUS recommends NSAID medication for osteoarthritis and pain at the lowest dose, and the shortest period possible. The guides cite that there is no reason to recommend one drug in this class over another based on efficacy. Further, the MTUS cites there is no evidence of long-term effectiveness for pain or function. This claimant though has been on some form of a prescription non-steroidal anti-inflammatory medicine for some time, with no documented objective benefit or functional improvement. The MTUS guideline of the shortest possible period of use is clearly not met. Without evidence of objective, functional benefit, such as improved work ability, improved activities of daily living, or other medicine reduction, the MTUS does not support the use of this medicine, and moreover, to recommend this medicine instead of simple over the counter NSAID. The medicine is not medically necessary.