

<b>Case Number:</b>	CM15-0118988		
<b>Date Assigned:</b>	06/29/2015	<b>Date of Injury:</b>	08/23/2011
<b>Decision Date:</b>	07/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/19/2015

### 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, New York, 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 applicant is a represented 32-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 23, 2011. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for naproxen (Anaprox). The claims administrator referenced an RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported 7-8/10 neck, shoulder, finger, and hand pain. The applicant was on Norco, Zanaflex, and Naprosyn, it was reported. The applicant denied any side effects of medication consumption, it was reported. 6-7/10 pain without medications versus 3-4/10 pain with medications was reported. Permanent work restrictions were renewed. Norco and Zanaflex were renewed toward the bottom of the report. While the attending provider stated that the applicant's medications were beneficial, the attending provider did not elaborate on what the nature of said benefit was. On March 30, 2015, the applicant reported 2/10 pain with medications versus 6-7/10 pain without medications. The attending provider stated that the applicant's ability to sit, stand, walk, and work had all been ameliorated as a result of ongoing medication consumption. The applicant was returned to regular duty work on this date while Naprosyn and Zanaflex were renewed. An earlier note of January 19, 2015 suggested that the applicant had returned to regular duty work on that date. 8-9/10 pain without medications versus 2-3/10 pain with medications was reported. It was again stated that the applicant's medications, including Naprosyn, were beneficial and ameliorating the applicant's ability to work as a heavy equipment operator. In a permanent and stationary report dated April 29, 2015, the applicant again reiterated that his medications were ameliorating his ability to work as a heavy equipment operator. The applicant was using

Naprosyn, Zanaflex, and Norco, it was reported, all of which were beneficial, the treating provider reported.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Anaprox 550 mg #60 with 2 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** Yes, the request for Anaprox (naproxen), an anti-inflammatory medication, was medically necessary, medically appropriate, and indicated here. As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, anti-inflammatory medications such as naproxen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here. Here, the attending provider posited on multiple progress notes of early, mid, and late 2015 that ongoing usage of naproxen had proven beneficial here in terms of facilitating the applicant's ability to perform various and sundry activities of daily living, work as a heavy equipment operator, sit, stand, walk, and perform other activities of daily living. Continuing the same, on balance, was, thus, indicated. Therefore, the request was medically necessary.