

<b>Case Number:</b>	CM15-0027530		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 51 year old male, who sustained an industrial injury reported on 9/8/2008. He reported for a 1/19/2015, follow-up visit for which no subjective complaints were available for my review. The history notes for July 2014, note multiple medical, non-orthopedic and non-neurologic, diagnoses that include abdominal pain with acid reflux, and gastritis, rule-out ulcer; with instructions to avoid non-steroidal anti-inflammatories. Further history noted low back complaints. The diagnoses were noted to have included lumbar spine disc herniation. Treatments to date have included consultations; diagnostic imaging studies; 6 chiropractic treatments; 4 acupuncture sessions; and medication management. The work status classification for this injured worker (IW) was noted to be off work. The 1/20/2015 request for authorization was noted to include another prescription for Anaprox/Naproxen 550mg #60 for diagnosis that included right knee osteoarthritis. The PR-2, dated 1/19/2015, available for my review, noted no subjective complaints or objective findings, only the treatment plan and work status. On 1/27/2015, Utilization Review (UR) non-certified, for medical necessity, the request, made on 1/20/2015, for Naproxen sodium 550mg #60. The Medical Treatment Utilization Schedule, chronic pain medical treatment, non-steroidal anti-inflammatory agents - Naproxen, low back, was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox/Naproxen SOD 550mg quantity 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

**Decision rationale:** Anaprox/Naproxen SOD 550mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The request for continued Naproxen is not medically necessary as the documentation indicates that the patient was advised against NSAID use by his primary care physician due to acid reflux/gastritis. Additionally NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary.