

<b>Case Number:</b>	CM15-0040191		
<b>Date Assigned:</b>	03/09/2015	<b>Date of Injury:</b>	10/05/2012
<b>Decision Date:</b>	04/20/2015	<b>UR Denial Date:</b>	02/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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

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 was a 38 year old male, who sustained an industrial injury, October 5, 2012. The injured was sustained while lifting a small bucket of water to water a tree and using a weed whacker. The injured worker noted pain in the thoracic spine. According to progress note of January 29, 2015, the injured workers chief complaint was thoracic back pain. The pain medication reduces the pain by 50%, allowing the injured worker to sleep. The physical exam noted paraspinal spasms and guarding from T4-T10 worse on the right than the left. The injured worker was diagnosed with degenerative disc disease of the thoracic spine, thoracic pain and psychogenic pain. The injured worker previously received the following treatments 12 acupuncture visits, 24 physical therapy visits, several trigger point injections, X-rays of the thoracic spine, TENS (transcutaneous electrical nerve stimulator) unit, Norco, Naproxen and Flexeril. The treatment plan included Naproxen 550mg #90; one every 12 hours with food, due to anti-inflammatory medication, date of service January 29, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium-Anaprox 550mg SIG: Take 1 every 12 hours with food/anti-inflammatory Qty: 90: Overturned**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Anti-inflammatory medications Page(s): 22, 60.

**Decision rationale:** The patient presents with unrated thoracic spine pain, which radiates into the right scapular region. The patient's date of injury is 10/05/12. Patient has no documented surgical history directed at this complaint. The request is for NAPROXEN SODIUM - ANAPROX 550MG SIG: TAKE 1 EVERY 12 HOURS WITH FOOD - ANTI-INFLAMMATORY QTY 90. The RFA was not provided. Physical examination dated 01/29/15 reveals tenderness to palpation of the thoracic paraspinal muscles from T4 to T10 levels, worse on the right than on the left. The patient is currently prescribed Norco and Naproxen. Diagnostic imaging was not included. Patient is permanently disabled. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. MTUS p60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In regard to the continuation of Naproxen, the request appears reasonable. This patient has been taking Naproxen since at least 11/19/14. Progress note dated 02/26/15 notes that this medication is used intermittently in conjunction with Norco, and documents a 50 percent reduction in this patient's pain and sleep improvements attributed to these medications. Given the conservative nature of this medication and documented prior efficacy, continued use is appropriate. The request IS medically necessary. In regard to the continuation of Naproxen, the request appears reasonable. This patient has been taking Naproxen since at least 11/19/14. Progress note dated 02/26/15 notes that this medication is used intermittently in conjunction with Norco, and documents a 50 percent reduction in this patient's pain and sleep improvements attributed to these medications. Given the conservative nature of this medication and documented prior efficacy, continued use is appropriate. The request IS medically necessary.