

<b>Case Number:</b>	CM15-0043343		
<b>Date Assigned:</b>	03/13/2015	<b>Date of Injury:</b>	12/10/2010
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2015

### 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, District of Columbia, Maryland  
Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 60 year old female, who sustained an industrial injury on 12/10/2010. Initial complaints and diagnoses were not provided. Treatment to date has included conservative care, and medications. Currently, the injured worker complains of increased neck pain, upper back pain and low back pain. Current diagnoses include cervical spine disc bulges, thoracic spine strain, lumbar disc bulge, lumbar radiculopathy, and chronic pain syndrome. Treatment plan consisted of MRI of the thoracic spine, shockwave therapy for the thoracic spine, chiropractic manipulation, lumbar epidural steroid injection, and continued medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox DS 550 MG #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 66, 73.

**Decision rationale:** I respectfully disagree with the UR physician. As outlined in the MTUS, this medication is recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of back pain. Also, as noted in the MTUS, such non-steroidals are traditional first-line interventions to reduce pain and inflammation. The purpose is to allow for increased activity and function. The MTUS does not mandate documentation of significant functional benefit for the continued use of NSAIDs nor does it advocate limitation for only short-term use. Anaprox is indicated for the injured worker's neck and back pain. The request is medically necessary.