

<b>Case Number:</b>	CM15-0065981		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	11/15/2009
<b>Decision Date:</b>	05/20/2015	<b>UR Denial Date:</b>	03/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2015

### 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 (IW) is a 43-year-old female who sustained an industrial injury on 11/15/2009. Diagnoses include chronic low back pain secondary to lumbosacral degenerative disc disease, lumbar radiculopathy and myofascial pain. Treatment to date has included medications, physical therapy, TENS and activity modification. Diagnostics included x-rays, MRI and electrodiagnostic studies. According to the progress notes dated 2/26/15, the IW reported persistent back pain with muscle spasms and stiffness. A request was made for Naproxen 500mg, which the IW had been taking regularly; the medication and acupuncture was recommended to treat the IW's flare-up of back pain while avoiding narcotic pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 500mg, #60:** Overturned

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

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

**Decision rationale:** The patient presents with persistent back pain with muscle spasms and stiffness. The request is for Naproxen 500mg, #60. The provided RFA is dated 03/16/15 and the patient's date of injury is 11/15/09. Diagnoses include chronic low back pain secondary to lumbosacral degenerative disc disease, lumbar radiculopathy and myofascial pain. Per the 02/18/14 report, physical examination of the lumbar spine revealed tenderness to palpation. There is decreased range of motion with flexion, extension, and side bending. Treatment to date has included medications, physical therapy, TENS and activity modification. Current medications include Naproxen, Lidoderm patch and Ambien. The patient is working. 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. Per the 06/03/14 report, treater states, "The patient is not on any oral narcotics. She is doing very well with her current medications. She is able to function and currently working as a nurse practitioner." In this case, a prescription for Naproxen is first noted in the progress report dated 06/03/14. With the use of medications, there is documentation that the patient has returned to work. Given the patient's chronic pain and benefit from use of oral NSAIDs, the request for Naproxen is medically necessary.