

<b>Case Number:</b>	CM15-0069894		
<b>Date Assigned:</b>	04/21/2015	<b>Date of Injury:</b>	06/09/2002
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/13/2015

### 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 66 year old female patient who sustained an industrial injury on 06/09/2002. A primary treating office visit dated 09/10/2014 reported subjective complaints of having intermittent neck, low back, right shoulder and right knee pains. Of note, she has not received medication now for several months. In addition, she complains of difficulty sleeping, muscle spasm, stiffness, and tightness. The following diagnoses are applied: internal derangement of the knee on the right status post meniscectomy; impingement syndrome of the shoulder on the right status post decompression; discogenic lumbar condition with facet inflammation status post injection, and chronic pain syndrome. The plan of care involved: prescribing medications. A more recent follow up visit dated 03/25/2015 reported the patient unable to get medications in December and February. She has subjective complaint of neck and low back pain. In addition, she has pain along the right shoulder and right knee. Prior recommendation noted new transcutaneous nerve stimulator unit, and new orthotic brace. A new diagnosis of element of weight gain, sleep, stress, and depression secondary to chronic pain. The plan of care involved: prescribing, recommending Lidoderm patches, LidoPro cream, Trazadone, Naproxen, Remeron, Wellbutrin, Norflex, Topamax, and Ultracet.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #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:** Naproxen 550mg #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 MTUS states that there is no evidence of long-term effectiveness of NSAIDs for pain or function. 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 Naproxen is not medically necessary. The patient was noted to have a blood pressure in Dec. 2014 of 169/100 and in 3/25/15 152/92. The patient denies hypertension; however with the elevated histories of blood pressures in the progress notes the addition of an NSAID may further exacerbate this issue and would not be medically appropriate. The request for Naproxen is therefore not medically necessary.