

<b>Case Number:</b>	CM15-0072441		
<b>Date Assigned:</b>	04/22/2015	<b>Date of Injury:</b>	06/14/2010
<b>Decision Date:</b>	05/26/2015	<b>UR Denial Date:</b>	04/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 49 year old male with an industrial injury dated June 14, 2010. The injured worker diagnoses include stenosis spinal lumbar, cervical spondylosis without myelopathy and headache tension. He has been treated with diagnostic studies, prescribed medications, functional restoration program and periodic follow up visits. According to the progress note dated 3/12/2015, the injured worker reported generalized low back pain symptoms, upper and lower extremity symptoms, depression, anxiety, headaches and problems sleeping due to pain. Objective findings revealed morbid obesity and antalgic gait. The treating physician prescribed Naproxen Sodium/Anaprox 550 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen Sodium/Anaprox 550 mg #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 64, 23. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-72 of 127.

**Decision rationale:** Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is indication that Naproxen is providing specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), However limited objective functional improvement is documented. The prior utilization reviewer did not have the documentation placed on 5/4/2015 that clarified the key issues that were brought forward during the utilization review process. It is acknowledged that the documentation is unclear in regards to how much specific pain relief and specific quantitative functional improvement are directly attributed to the Naproxen versus the other medications. However, a 45 day prescription of this medication should be sufficient to allow the requesting physician time to document that better. Therefore, the currently requested Naproxen is medically necessary.