

<b>Case Number:</b>	CM15-0092775		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	08/21/1997
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	04/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 55 year old female, who sustained an industrial injury on 8/21/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having cervicalgia. Treatment to date has included diagnostics, multiple spinal surgeries (most recent in 7/2014 for hardware removal from the lumbar spine), injections, and medications. Currently, the injured worker complains of cervical pain and stiffness, rated 7/10. She also reported back pain, with radicular symptoms on the right side. Pain was rated 6/10. She continued to note substantial benefit from medications, as she had nociceptive, neuropathic, and inflammatory pain. Urine drug screen (12/01/2014) was documented as consistent with expected results. Medications included Amitriptyline, Aspirin, Benazepril, Butrans patch, Dexilant, Lantus, Metformin, Naprosyn, Neurontin, Norco, and Simvastatin. Her blood pressure was 126/72 and past medical history was notable for diabetes. The treatment plan included continued medications, including Naprosyn. The use of Naprosyn was noted for greater than 6 months, with consistent pain levels documented. Her work status was permanent and stationary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #60 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Naproxen.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

**Decision rationale:** The claimant has a remote history of a work injury occurring in August 1997. She continues to be treated for radiating neck pain. When seen, she was having neck stiffness with movement. Diagnoses were providing substantial benefit. Physical examination findings included decreased lower extremity strength and sensation. There were cervical spine trigger points and tenderness over the facet joints. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain as in this case. Dosing of Naprosyn is 275- 550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dose is in within guideline recommendations and therefore medically necessary.