

<b>Case Number:</b>	CM15-0094466		
<b>Date Assigned:</b>	05/21/2015	<b>Date of Injury:</b>	03/05/1998
<b>Decision Date:</b>	06/24/2015	<b>UR Denial Date:</b>	04/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/18/2015

### 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, 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 (IW) is a 56 year old male who sustained an industrial injury on 03/05/1998. He reported being struck by a heavy object on the neck and hurt in the low back as well. The injured worker was diagnosed as having discogenic syndrome cervical, discogenic syndrome lumbar, diabetes, hypertension, asthma, hypercholesterolemia, angina, insomnia, and cervical facet arthropathy. He is permanent and stationary and is entitled to future medical. Treatment to date has included cervical epidural steroid injections (CEI) with 80% improvement after the first injection (12/1/2014) and no rating after the second injection (04/01/2014). Improvement from the CEI has faded. Currently, the injured worker complains of backache, neck pain, bilateral leg pain, radicular arm pain bilaterally. He has pain on extension of the cervical spine. The IW has complaints of radicular neck pain to the hands bilaterally that improved after the second injection but is still severe. He takes oral medications and uses topical cream to control the pain and is treating with a pain management specialist. Additionally he has low back pain radicular to the legs bilaterally in the L4 and L5 distribution, bilateral radicular arm pain to the elbow, and unchanged right knee pain, localized from the knee itself. He has insomnia because of the pain. The IW is unable to ambulate freely and needs a new cane because the old one is worn out. Treatment plan is for cervical epidural steroid injections (awaiting approval), and continuation of medications. Current medications (03/17/2015) are Anaprox, Ultram, Protonix, Metformin, Simvastatin, and Prilosec. Refills of the following medications are requested: Retrospective: Anaprox 550mg, 2 times per day, #60 for the lumbar and cervical spine (DOS: 3/17/15). The progress report dated March 17, 2015 indicates that the patient is on Plavix and aspirin. He also

reports having gastroesophageal reflux disease. The patient also reportedly has hypertension and diabetes.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Retrospective: Anaprox 550mg, 2 times per day, #60 for the lumbar and cervical spine (DOS: 3/17/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Nonselective NSAIDs - Naproxen (Naprosyn) Page(s): 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R 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 no indication that Naproxen is providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Additionally, it appears that the patient is on Ashman and Plavix, which would increase the risk of bleeding from NSAIDs. Furthermore, the patient is reported as having hypertension, gastroesophageal reflux disease, and diabetes, all of which would increase the risk with NSAID medications. There is no statement indicating why the patient is on to NSAID medications (aspirin and naproxen) despite these risk factors. As such, the currently requested Naproxen is not medically necessary.