

<b>Case Number:</b>	CM13-0008644		
<b>Date Assigned:</b>	11/01/2013	<b>Date of Injury:</b>	04/03/1998
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	07/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/08/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Medicine and is licensed to practice in Ohio and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 65-year-old female who reported an injury on 04/31/1998. The patient is diagnosed with left knee pain following arthroscopy, left ankle pain following tarsal tunnel release, right knee pain following arthroscopy times 2, lumbar pain with multilevel disc bulging, left ankle fibular fracture, right ankle sprain, persistent left foot pain, and left shoulder contusion and pain status post fall. The patient was seen by [REDACTED] on 06/20/2013. The patient reported persistent knee pain. The physical examination revealed lumbar paraspinal muscle tenderness, muscle spasm and guarding, restricted range of motion, 2+ deep tendon reflexes, tenderness about the joint line of the right knee, 120 degree flexion, and 0 degree extension. The treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Section Page(s): 67-72.

**Decision rationale:** The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain.

Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient does not maintain a diagnosis of osteoarthritis. The patient had previously utilized NSAID medications. Despite the ongoing use, the patient continued to report persistent right knee pain. A documentation of a failure to respond to first-line treatment with acetaminophen, as recommended by California MTUS Guidelines, was not provided. Based on the clinical information received, the request is non-certified.