MAXIMUS Federal Services

Case Number:	CM13-0028878		
Date Assigned:	03/03/2014	Date of Injury:	03/12/2009
Decision Date:	08/01/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	09/24/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in New York 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 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/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 injured worker is a 49-year-old injured on March 12, 2009 due to undisclosed mechanism of injury. Current diagnoses included knee/leg sprain/strain and chronic pain syndrome. The injured worker complained of bilateral knee pain rated 10/10. Physical examination revealed tenderness over posterior lateral joint line and no laxity of anterior cruciate ligament (ACL)/ lateral cruciate ligament (LCL). The injured worker was discharged prematurely from a functional restoration program due to non-compliance with attendance policy. The injured worker was encouraged to participate in [redacted] program for six months in an attempt to lose approximately 100 pounds. Prescriptions included naproxen two tablets daily, Lyrica three tablets daily, Norco three tablets daily, Senokot one tablet daily, Adderall, Wellbutrin, Effexor, and Lunesta. The initial request for naproxen 550mg #60 was non-certified on September 11, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that non-steroidal anti-inflammatory medications (NSAIDs) are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all non-steroidal anti-inflammatory medications (NSAIDs) for the shortest duration of time. As such, the request for Naproxen 550 mg, sixty count, is not medically necessary or appropriate.