

Case Number:	CM13-0040400		
Date Assigned:	12/20/2013	Date of Injury:	08/14/2012
Decision Date:	08/06/2014	UR Denial Date:	10/01/2013
Priority:	Standard	Application Received:	10/29/2013

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 Orthopedic Surgery, and is licensed to practice in California. 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 claimant is 55-year-old gentleman who injured his left knee in a work related accident on August 14, 2012. Records provided for review include a clinical progress report of May 28, 2014 documenting a diagnosis of internal derangement status post left total knee arthroplasty. The claimant also has a diagnosis of right knee bone on bone osteoarthritis. Subjective complaints at that time note a recent 20 pound weight loss for the intent of right knee surgery and continued use of a cane. Physical examination findings showed vital signs to be stable, restricted range of motion of 120 degrees of flexion on the left and 100 degrees of flexion on the right. There was no instability. Recommendations at that time were for total joint arthroplasty for the claimant's right knee. There was also a request for continued use of Naprosyn, Remeron, and home care treatment to include phlebotomy, postoperative use of a hospital bed and a pain catheter.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN 550MG BY MOUTH TWICE A DAY - QUANTITY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non-steroidal anti-inflammatory drugs (NSAIDs), Nonselective naproxen Page(s): 70-73.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Naprosyn. According to the Chronic Pain Guidelines, Naprosyn, an antiinflammatory agent, should be utilized at the lowest dose possible for the shortest period of time possible in an individual in the chronic setting. The current records do not support any indication of acute symptomatic flare or documentation of significant benefit with long term use of this nonsteroidal agent. Given the injured worker's chronic presentation, the continued use of this medication would not be indicated as medically necessary at present.