

<b>Case Number:</b>	CM13-0044798		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	01/07/2011
<b>Decision Date:</b>	08/20/2014	<b>UR Denial Date:</b>	10/20/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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, has a subspecialty in Pain Medicine, Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 01/07/11 while working as a Fence Installer. He stepped into a sprinkler hole and twisted his left knee. He had pain and heard a crack in his knee. An MRI of the left knee in February 2011 showed moderate to severe degenerative changes with complex tears of the medial and lateral meniscus and tears of the anterior and posterior cruciate ligaments. He underwent a left total knee replacement on 02/07/12. On 06/11/13, he had complaints of constant left knee aching with intermittent sharp pain and occasional giving out. He had a constant limp and occasionally used a knee brace. He had pain with prolonged standing, walking, going up or down stairs or hills, and with kneeling and squatting and swelling and pain with changes in the weather. His knee had worsened since he had developed a posterior knee cyst. Physical examination findings included decreased range of motion with crepitus and pain with range of motion. On 08/23/13 he was having ongoing left knee pain and swelling increased with activities of daily living and with standing and walking. Physical examination findings included medial and lateral left knee tenderness with an effusion and Baker's cyst. There was decreased range of motion. Medications were Tramadol, Naprosyn, and Protonix. On 06/11/13 he had complaints of constant left knee aching with intermittent sharp pain and occasional giving out. He had a constant limp and occasionally used a knee brace. He had pain with prolonged standing, walking, going up or down stairs or hills, and with kneeling and squatting and swelling and pain with changes in the weather. His knee had worsened since he had developed a posterior knee cyst. Physical examination findings included decreased range of motion with crepitus and pain with range of motion. On 08/23/13 he was having ongoing left knee pain and swelling increased with activities of daily living and with standing and walking. Physical examination findings included medial and lateral left knee tenderness with an effusion

and Baker's cyst. There was decreased range of motion. Medications were tramadol, Naprosyn, and Protonix.

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

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

**NAPROXEN SODIUM 550MG #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92.

**Decision rationale:** The claimant is status post work-related injury to the left knee and is more than two years status post left total knee replacement. He has ongoing activity-related pain and swelling with decreased range of motion and a limp. Oral NSAIDs are recommended with caution for the treatment of chronic persistent pain and can provide both analgesia and control of inflammation. Due to the potential adverse effects from chronic use, patients should be periodically monitored for adverse effects. In this case, there are no reported adverse effects and no evidence of a lack of efficacy in treating the claimant's condition. It is therefore considered medically necessary.