

Case Number:	CM13-0048624		
Date Assigned:	01/15/2014	Date of Injury:	04/24/2005
Decision Date:	05/23/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	11/06/2013

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 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 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:

This is a 67-year-old claimant with industrial injury date of 4/24/05. The claimant reported of low back and leg pain. Exam note 9/19/13 demonstrates pain aggravated by sitting, standing and walking. McMurray's procedure was noted to cause pain in the medial knee. The impression was right shoulder rotator cuff tear, left knee osteoarthritis status post arthroscopy. Prior authorization for ketoprofen noted in peer review from 10/9/13

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN SODIUM 550MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 73.

Decision rationale: The CA MTUS Chronic Pain Medical Treatment guidelines recommend use of Naproxen in this claimant's clinical scenario of symptomatic osteoarthritis. However, In this case, the claimant has another anti-inflammatory, ketoprofen, which was authorized in a prior review for osteoarthritis. Therefore, duplicate drugs with similar mechanism of action are not medically necessary. The request for Naproxen 550 mg #60 is non-certified.

CYCLOBENZAPRINE HCL 7.5 MG #60 TAKE ONE TABLET ORALLY EVERY TWELVE HOURS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 64.

Decision rationale: The CA MTUS/Chronic Pain Medical Treatment guidelines recommend cyclobenzaprine for a short course of therapy but not recommended for chronic use. In this case there is no evidence in the records of acute low back pain. The claimant has an industrial injury from 4/24/05. Therefore the determination is for non-certification