

<b>Case Number:</b>	CM14-0003137		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	06/04/2006
<b>Decision Date:</b>	06/16/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 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 patient is a 46 year old male who sustained an injury on June 4, 2006 when he fell down stairs sustaining multiple injuries. The patient had prior C5-6 fusion in October of 2007 followed by C4 to C7 anterior cervical discectomy and fusion in July of 2010. The patient also had prior fusion from L4 to S1 in March of 2012 followed by hardware removal in June of 2013. Other surgical procedures included left knee arthroscopy with lateral and medial meniscectomies removal of loose bodies retinacular release and debridement of the ACL in August of 2013. The clinical record on September 25, 2013 noted the patient had continuing persistent pain in the left knee with associated popping. The patient had not attended any post-operative physical therapy at this time. On physical examination there was continue tenderness to palpation in the cervical paraspinal musculature. Well healing orthoscopic portals in the left knee were noted with pain on terminal flexion. Positive patellar compression signs were noted. Follow up on October 23, 2013 noted continuing persistent pain in the left knee low back and cervical spine. Physical examination findings were essentially unchanged. Updated medications as of Jnauary of 2014, included naproxen, cyclobenzaprine, omeprazole, and tramadol ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROXEN SODIUM 550 MG EVERY 12 HOURS # 100:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-INFLAMMATORY MEDICATION.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS  
Page(s): 67-68.

**Decision rationale:** The chronic use of prescription NSAIDs is not recommended by current evidence based guidelines as there is limited evidence regarding their efficacy as compared to standard over-the-counter medications for pain such as Tylenol. According to the Chronic Pain Medical Treatment Guidelines, NSAIDs can be considered for the treatment of acute musculoskeletal pain secondary to injury or flare ups of chronic pain. There is no indication that the use of NSAIDs in this case is for recent exacerbations of the claimant's known chronic pain. The request for naproxen sodium 550 mg every twelve hours, 100 count, is not medically necessary or appropriate.