

Case Number:	CM14-0003684		
Date Assigned:	02/03/2014	Date of Injury:	03/14/2003
Decision Date:	10/07/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/10/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 56-year-old male with a 3/14/03 date of injury. The mechanism of injury occurred when he struck his right knee against a trailer door which resulted in multiple injuries. According to a progress report dated 4/17/14, the patient continued to experience pain in both knees and had difficulty with standing and walking. He also complained of pain in his right shoulder are. The patient is significantly limited with his normal daily activities due to pain. Objective findings: tenderness to palpation of the paravertebral muscles bilaterally, restricted ROM of lumbar spine, swelling and mild effusion present in both knees, tenderness on palpation of the medial and lateral joint line in both knees, diffuse tenderness on palpation of right shoulder. Diagnostic impression: lumbar disc derangement at multiple levels, lumbar radiculitis/radiculopathy, bilateral knee pain, probable occult tear of the medial meniscus of the left knee. Treatment to date: medication management, activity modification, surgery. A UR decision dated 12/30/13 denied the request for Naproxen. The documentation in this case reflects that the claimant has reported some partial relief with medication. It is not clear, based on the limited records available, as to what significant functional progress has been realized with the treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

NAPROXEN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, NSAIDs.

Decision rationale: CA MTUS states that NSAIDs are effective, although they can cause gastrointestinal irritation or ulceration or, less commonly, renal or allergic problems. Studies have shown that when NSAIDs are used for more than a few weeks, they can retard or impair bone, muscle, and connective tissue healing and perhaps cause hypertension. In addition, ODG states that there is inconsistent evidence for the use of these medications to treat long-term neuropathic pain, but they may be useful to treat breakthrough pain. There is no documentation of functional improvement or pain reduction from the use of Naproxen in the reports provided for review. In fact, the most recent report dated 4/17/14 revealed that the patient is significantly limited with his normal daily activities due to pain. In addition, the strength and quantity are not noted in this request. Therefore, the request for Naproxen is not medically necessary.