

Case Number:	CM14-0116552		
Date Assigned:	08/04/2014	Date of Injury:	07/18/2013
Decision Date:	09/12/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 64-year-old male who reported the injury 07/18/2013. The mechanism of injury was not provided within the medical records. The clinical note dated 07/01/2014 indicated the injured worker reported ongoing right knee pain. The injured worker reported he had corticosteroid injections which did not improve his pain level but did improve his range of motion. On physical examination, the injured worker ambulated with a cane for balance and had tenderness to palpation in the lateral aspect of the right knee. The injured worker's treatment plan included continuation of home exercises, continue medication as needed for pain control. The injured worker's prior treatments were not provided for review. The injured worker's medication regimen included Tramadol, Naproxen, and Senokot. The injured worker's diagnoses included right knee sprain/strain injury, right knee meniscal injury with tear, right knee internal derangement, and left knee injury with pain likely due to overcompensation. The provider submitted a request for Naproxen. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg Unspecified Quantity: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The request for Naproxen 500mg Unspecified Quantity is non-certified. The CA MTUS guidelines recognize anti-inflammatories as the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. There is lack of documentation of efficacy and functional improvement with the use of this medication. In addition, it was not indicated how long the injured worker had been utilizing this medication. Moreover, the documentation submitted did not indicate a quantified pain assessment by the injured worker. Furthermore, the request did not indicate a frequency or quantity for the Naproxen. Therefore, the request for Naproxen is non-certified.