

<b>Case Number:</b>	CM14-0155427		
<b>Date Assigned:</b>	09/25/2014	<b>Date of Injury:</b>	04/02/2010
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	09/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/23/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine 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 injured worker is a 58-year-old female who reported an injury on 04/02/2010. The mechanism of injury was not provided. The injured worker's diagnoses included focal chondral injury, status post medial and lateral meniscal injury, status post partial medial and lateral meniscectomies, and status post chondroplasty. The injured worker's past treatments included a functional restoration program and medications. The injured worker's diagnostic testing included an x-ray of the right knee showing degenerative changes and an MRI from 08/2010, it noted an injury to the posterior horn of the medial meniscus with damage to the articular cartilage. The injured worker's surgical history included a knee arthroscopy on 08/02/2010 for chondroplasty of the medial femoral condyle and medial and lateral meniscectomy. On 09/03/2014, the injured worker complained of right knee pain. Upon physical examination, the injured worker was noted to have a slightly antalgic gait and full range of motion of the right lower extremity with no extension lag. There was normal patellar tracking but some crepitus noted with knee flexion and extension. The injured worker's medications included Ultracet, tramadol, and Seroquel. The request is for naproxen 550 mg. The rationale for the request was not provided. The Request for Authorization form was signed and submitted on 09/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen Page(s): 65,73..

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NaproxenNSAIDs Page(s): 66 67.

**Decision rationale:** The request for naproxen 550 mg #90 is not medically necessary. The California MTUS Guidelines may recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The injured worker did complain of constant right knee pain. The documentation did not provide a sufficient and thorough pain evaluation to include a current quantified pain. The physical examination did not provide evidence of significant objective functional deficits. The documentation did indicate functional improvement with the use of tramadol with increased tolerance for standing and walking by around 25%. In the absence of documentation with evidence of a complete and thorough pain evaluation to include a quantified pain level or significant objective functional status in relation to the use of naproxen, the request is not supported. Additionally, as the request was written there was no frequency provided. Therefore, the request for Naproxen 550mg #90 is not medically necessary and appropriate.