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| Case Number: | CM14-0156546 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 03/16/1995 |
| Decision Date: | 12/04/2014 | UR Denial Date: | 09/11/2014 |
| Priority: | Standard | Application Received: | 09/24/2014 |

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 and Rehabilitation, has a subspecialty in Pain Medicine 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 patient with a date of injury of 3/16/95. A utilization review determination dated 9/11/14 recommends non-certification of Naprosyn. 8/18/14 medical report identifies bilateral ankle and knee pain. Pain has increased and she is having difficulty getting out of bed due to knee pain. She is requesting bilateral MRIs of the knees. On exam, the left foot is improving and the hematoma has resolved. There is mild swelling throughout the ankle and tenderness. The right ankle remains in the AFO boot and is painful with any movement. Knees show moderate swelling and crepitus throughout range of motion. Recommendations include MRIs of the left ankle and bilateral knees, consultation for right foot equinus deformity and Achilles lengthening, tramadol, Naprosyn, and Prilosec.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343, 348-350.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-72.

Decision rationale: Regarding the request for Naprosyn, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Within the documentation available for review, there is no indication that the medication is providing any specific analgesic benefits (in terms of percent pain reduction or reduction in numeric rating scale) or any objective functional improvement. In the absence of such documentation, the currently requested Naprosyn is not medically necessary.