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| <b>Case Number:</b>   | CM14-0020223 |                              |            |
| <b>Date Assigned:</b> | 04/25/2014   | <b>Date of Injury:</b>       | 09/18/2013 |
| <b>Decision Date:</b> | 07/07/2014   | <b>UR Denial Date:</b>       | 02/04/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 02/18/2014 |

### 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 California and Nevada. 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 60 year old male injured on 09/18/13 as a result of a slip and fall while carrying heavy objects resulting in injury to the left knee. Current diagnoses included medial and patellofemoral osteoarthritis of the left knee with MRI evidence of torn medial meniscus of the left knee. Treatments to date include medication management and diagnostic imaging. An Agreed Medical Examination on 03/31/14 indicated the injured worker presented complaining of pain to bilateral upper extremities, lumbosacral spine, and left knee. The injured worker reported inability to actively move left knee, squat, kneel, or perform heavy lifting due to pain. The injured worker reported previous total knee replacement of the right knee prior to the initial injury; however, on evaluation, the injured worker had no significant complaints relative to the right knee. Physical examination of the lumbar spine revealed diffuse muscle guarding with limited range of motion, straight leg raise negative bilaterally, sensation intact, and muscle strength 5/5 bilaterally. Physical examination of the left knee revealed flexion to 20 degrees and pain throughout range of motion. Tenderness to palpation was diffuse at the patellofemoral area and medial and lateral joint line, inability to completely extend the knee, negative Lachman, pivot shift could not be tested, no effusion was detected, negative drawer sign, and negative posterior sag on assessment. Previous clinical documentation indicated the injured worker complained of gastric discomfort due to medication regimen and was prescribed proton pump inhibitor for symptoms. Current medications included Norco, omeprazole, and Naprosyn.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NAPROSYN 550MG #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug List & Adverse Effects Page(s): 70.

**Decision rationale:** As noted on page 70 of the Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory medications (NSAIDs) are recommended as a second-line treatment after acetaminophen for acute exacerbations of chronic pain. In general, there is conflicting evidence that NSAIDs are more effective than acetaminophen for acute lower back pain. Package inserts for NSAIDs recommend periodic lab monitoring of a complete blood count (CBC) and chemistry profile (including liver and renal function tests). There is no documentation that these monitoring recommendations have been performed and the injured worker is being monitored on a routine basis. Additionally, it is generally recommended that the lowest effective dose be used for all NSAIDs for the shortest duration of time. Moreover, it was noted the injured worker required proton pump inhibitors for gastric complaints related to medication regimen. Therefore, the request for Naprosyn 550mg #60 is not medically necessary.