

<b>Case Number:</b>	CM14-0034444		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	10/05/2011
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	03/11/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2014

### 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 and is licensed to practice in Louisiana. 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 patient is a 54 year old female who was injured on 08/05/2011. She was kneeling and she tried to get up when she felt pain in her left knee and noticed her left knee was swelling. Prior treatment history has included two corticosteroid injections into the left knee and physical therapy. The patient underwent left knee arthroscopy on 11/02/2012. Prior medication history included Ibuprofen, Diclofenac, Tramadol, Butrans, and Celebrex. Office visit dated 02/14/2014 states the patient complained of left knee pain and swelling associated with instability and crunching sounds. She has normal extension but flexion is somewhat limited. She stated weightbearing is more painful. On exam, the right knee has moderate tenderness over the medial aspect at the joint line. Patellar tracking was normal. No abnormal motion noted. Neurological exam was within normal limits. Diagnoses are chronic pain due to trauma, chondromalacia and chondromalacia of the patella. The treatment and plan is Naprosyn 375 mg #60 mg. Prior utilization review dated 03/11/2014 states the request for Naprosyn 375 mg #60 with 2 refills was modified to Naprosyn 375 mg #60 with no refills. One month supply has been authorized to enable the provider to assess the efficacy of the nonsteroidals with monitoring of blood pressure and renal function at least once a year. Office visit dated 02/14/2014 states the patient complained of left knee pain and swelling associated with instability and crunching sounds. She has normal extension but flexion is somewhat limited. She stated weightbearing is more painful. On exam, the right knee has moderate tenderness over the medial aspect at the joint line. Patellar tracking was normal. No abnormal motion noted. Neurological exam was within normal limits. Diagnoses are chronic pain due to trauma, chondromalacia and chondromalacia of the patella. The treatment and plan is Naprosyn 375 mg #60 mg Prior utilization review dated 03/11/2014 states the request for Naprosyn 375 mg #60 with 2 refills was modified to Naprosyn 375 mg #60 with no refills. One month supply has been authorized to

enable the provider to assess the efficacy of the nonsteroidals with monitoring of blood pressure and renal function at least once a year.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Naprosyn 375MG #60 with 2 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee & Leg Section.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67.

**Decision rationale:** Recommended at lowest dose for the shortest period of time in patients with mild to moderate pain. 3 month supply not consistent with recommendations. Acetaminophen may be considered for initial therapy. there is no evidence of long term effectiveness for pain or or function with NSAIDS. Reports reviewed indicate no improvement with NSAID Celebrex over the last month. Request is not medically necessary as listed.