

<b>Case Number:</b>	CM14-0046236		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	03/21/2013
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 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 records, presented for review, indicate that this 48-year-old female was reportedly injured on 3/21/2013. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated 2/4/2014, indicated that there were ongoing complaints of low back and left knee pains. The physical examination demonstrated lumbar spine limited range of motion with pain, positive Kemp's test on the left and positive Milgram's test bilaterally, positive Faber test on the left and decreased sensation on the left anterior leg. Left knee muscle strength was 4/5 with positive tenderness to palpation at the medial/lateral joint space, and inferior aspect of the patella. Positive McMurray's and varus/valgus stress tests. Diagnostic imaging studies included an MRI of the left knee dated 12/27/2013, which revealed complex tear of the lateral meniscus with arthritic change in the lateral compartment, partial tear of the anterior cruciate ligament (ACL), joint swelling and degenerative changes of the patellofemoral compartment. Previous treatment included physical therapy, medications, bracing, and conservative treatment. A request had been made for naproxen 550 mg and was not certified in the pre-authorization process on 4/2/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg BID:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009), pages 66 & 73 of 127 Page(s): 66 & 73 OF 127.

**Decision rationale:** Naproxen is an anti-inflammatory, which is the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. It is primarily used for the relief of signs and symptoms of osteoarthritis. After reviewing the medical records provided, there was no documentation referring to reduction in pain and improvements in function with the continued use of this medication. Therefore, lacking documentation on the efficacy of this treatment, this request is deemed not medically necessary.