

Case Number:	CM14-0047579		
Date Assigned:	06/25/2014	Date of Injury:	03/15/2010
Decision Date:	07/28/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	03/31/2014

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. 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:

According to the records made available for review, this is a 45-year-old female with a 3/15/10 date of injury. At the time (3/12/14) of the request for authorization for Naproxen EC 375mg #60, there is documentation of subjective (chronic right ankle and chronic right knee problems) and objective (slight analgic gait, slight crepitation in the right knee with resisted extension, slight restriction in the right ankle with eversion and inversion, positive Tinel's sign at the lateral malleolus, and allodynia present) findings, current diagnoses (chronic right ankle pain, status post brostrom procedure; neuritis or neuroma, right ankle; and chondromalacia patellae, right knee), and treatment to date (medication including ongoing use of NSAIDs). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of NSAIDs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen EC 375mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of chronic right ankle pain, status post brostrom procedure; neuritis or neuroma, right ankle; and chondromalacia patellae, right knee. In addition, there is documentation of chronic pain and ongoing use of NSAIDs. However, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services with use of NSAIDs. Therefore, based on guidelines and a review of the evidence, the request for Naproxen EC 375mg #60 is not medically necessary.