

Case Number:	CM14-0072814		
Date Assigned:	07/16/2014	Date of Injury:	01/27/2010
Decision Date:	10/08/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/19/2014

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 & Rehabilitation, 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:

The injured worker is a 60-year-old female who reported an injury on 01/27/2010. The mechanism of injury was not submitted for review. The injured worker has diagnoses of bilateral knee strain, left hand strain, and hypertension. Past medical treatment consists of physical therapy, a home exercise program, and medications. Medications include tramadol, naproxen, Prilosec, triamterene, and blood pressure medications. The injured worker underwent an MRI of the right knee and left knee on 03/25/2010. On 03/28/2012, the injured worker underwent partial medial meniscectomy with chondroplasty medial femoral condyle, medial tibial plateau, with shaving of synovium of the intercondylar notch. On 07/11/2014, the injured worker complained of bilateral knee pain. Physical examination revealed that the injured worker had a pain rate of 8/10. Examination of the knees revealed that the injured worker had tenderness to palpation over the medial lateral aspect of the knees. There was mild pain with flexion and extension. The treatment plan is for the injured worker to try naproxen, omeprazole, tramadol, triamterene, simvastatin, gabapentin, and cyclobenzaprine cream. The rationale and request for authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen: 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) Anaprox Page(s): 72-73.

Decision rationale: The request for naproxen is not medically necessary. The California MTUS Guidelines indicate that naproxen is a nonsteroidal anti-inflammatory drug for the relief of signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. As the guidelines state, naproxen is recommended for relief of osteoarthritis but it also states that it is recommended at its lowest effective dose and in shortest duration of time. Reports dated 10/03/2013 indicate that the injured worker was taking naproxen since at least this time. Long term use of naproxen in people with osteoarthritis has them at a high risk for developing NSAID-induced gastric or duodenal ulcers. The guidelines also recommend naproxen be given at its lowest effective dose, which is 250 mg. The request as submitted did not indicate a dosage, frequency, or duration on the medication. Additionally, the efficacy of the medication was not provided to support continuation. Given the above, the injured worker is not within the MTUS recommended guidelines. As such, the request for naproxen is not medically necessary.