

<b>Case Number:</b>	CM14-0076028		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	10/02/2008
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/23/2014

### 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 Orthopedic Surgery, 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:

Injured worker is a 41 year old claimant with an industrial injury dated 10/2/2008. Exam note 4/3/14 demonstrates complaint of right knee pain which is worse. Report that claimant can barely walk. Exam demonstrates swelling and tenderness over the anterior and posterior aspect of knee. Report states that patient has cartilage damage and patellofemoral syndrome. MRI right knee from 12/27/13 demonstrates chondromalacia patella and small joint effusion. Radiographs of the knee from 4/2/14 demonstrate normal appearance to knee. No prior documentation of prior dosage of Naproxen prescribed or response to Naproxen in review of records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68, 71, 73.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines page 66, Naproxen Page(s): 66.

**Decision rationale:** Per the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 66 states Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and

symptoms of osteoarthritis. It is used as first line treatment but long-term use is not warranted. In this case the claimant's injury is from 7/10/12. The continued use of Naproxen is not warranted, as there is no demonstration of functional improvement in the records from 4/2/14. In addition the MRI findings do not demonstrate evidence of significant osteoarthritis. Therefore there is no determination to support the use of naproxen. As a result the request for Naproxen 550mg #120 is not deemed medically necessary and appropriate.