

<b>Case Number:</b>	CM14-0081654		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/28/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	05/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas & Ohio. 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 64-year-old female who reported an injury on 10/28/1998. The mechanism of injury was not provided for clinical review. The diagnoses include degenerative joint disease, status post left total knee arthroplasty, and history of arthroscopy. The previous treatments included medication and surgery. Within the clinical note dated 05/08/2014, it was reported the injured worker complained of right knee pain. The injured worker complained of right knee popping and locking. Upon the physical examination, the provider noted the injured worker had a positive McMurray's bilaterally. The provider noted the injured worker had left knee and midline redness. The clinical documentation submitted was largely illegible. The request submitted is for Anaprox and Skelaxin. However, a rationale was not provided for clinical review. The Request for Authorization was submitted and dated 05/08/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 66, 67.

**Decision rationale:** The request for Anaprox is not medically necessary. The California MTUS Guidelines note naproxen is a nonsteroidal anti-inflammatory for the relief of signs and symptoms of osteoarthritis. The guidelines recommend naproxen at the lowest dose for the shortest period of time in injured workers with moderate to severe pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The request submitted failed to provide the dosage and the quantity of the medication. Therefore, the request is not medically necessary.

**Skelaxin:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 47, Chronic Pain Treatment Guidelines Muscle Relaxants.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

**Decision rationale:** The request for Skelaxin is not medically necessary. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain. The guidelines note that medication is not recommended to be used for longer than 2 to 3 weeks. The injured worker has been utilizing the medication since at least 05/2014, which exceeds the guidelines' recommendation of short term use of 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage and quantity of the medication. The request submitted failed to provide the frequency of the medication. Therefore, the request is not medically necessary.