

Case Number:	CM14-0192360		
Date Assigned:	11/26/2014	Date of Injury:	02/01/2010
Decision Date:	09/10/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 50 year old female sustained an industrial injury on 2-01-10. She subsequently reported knee pain. Diagnoses include dislocation of the knee. Treatments to date include MRI testing, physical therapy and prescription pain medications. The injured worker continues to have instability and pain in the left knee. Upon examination, there was minimal swelling in the left knee. Generalized tenderness was noted. A request for Naproxen 550mg 1 tab BID with food #60 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg 1 tab BID with food #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs); Naproxen Page(s): 67-68 & 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: This patient presents with chronic knee and low back pain. The current request is for Naproxen 550mg 1 tab BID with food #60. Treatments to date include chiropractic

treatments, TENS, viscosupplemental injection, MRI testing, left knee surgery, physical therapy and prescription pain medications. The patient remains off work. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 for Anti-inflammatory medications states: Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP. There is no RFA for the requested Naproxen. The UR letter is dated 11/05/14. The UR letter references a report from 10/29/14, which was not provided for my review. According to this report, the patient complained of instability and pain in the left knee. Examination revealed minimal swelling, tenderness and decrease in ROM. There is no list of current medications. Per report 08/06/14, the patient continues to report left knee and low back pain. Examination revealed patient is limping. There is tenderness to the left knee with some weakness noted. Examination of the back revealed positive straight leg raise. A report dated 12/25/14 notes "the patient was instructed to stop the use of all anti-inflammatory..." in preparation for knee surgery. It appears the patient has utilized an anti-inflammatory in the past. The MTUS guidelines page 60 states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Given the lack of discussion regarding medication efficacy, recommendation for further use cannot be made. This request IS NOT medically necessary.