

<b>Case Number:</b>	CM14-0199428		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	06/25/2009
<b>Decision Date:</b>	01/23/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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 Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 56 year old male with a work injury dated 6/25/09. The diagnoses include status post open reduction internal fixation right tibial plateau fracture with post traumatic arthrosis, left knee internal derangement with arthrosis and bilateral ankle pain. Under consideration are requests for Anaprox (unknown quantity and dosage). Per documentation in a 10/31/2014 progress note stated that the objective findings included antalgic gait with bilateral knee crepitus. There was palpatory tenderness in the medial and lateral patella with patellofemoral crepitus bilaterally. Bilateral meniscal tenderness in the medial and lateral joint line was present. Knee flexion was decreased bilaterally while extension was decreased on the right. There was decreased bilateral knee range of motion and palpatory tenderness in both ankles in the medial. There was a 5/6/14 internal medicine QME document dated that states that the patient was prescribed Famotidine in the past for a diagnoses of gastritis or reflux from prior medical records of 2008. The patient did not recall this but states that occasionally he would take Tums or Maalox for heartburn or gas if he ate spicy foods prior to his injury. He notes that he does recall being prescribed blood pressure medications in the past but never took them. The document states that the patient had an upper GI endoscopy in the past with evidence of gastritis and H pylori.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox (unknown quantity and dosage): 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): 67-73.

**Decision rationale:** Anaprox (unknown quantity and dosage) is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that NSAIDs are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. There is no evidence of long-term effectiveness of NSAIDs for pain or function. Additionally, NSAIDs have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients and taking NSAIDs and may compromise renal function. The documentation indicates that the patient has a history of gastritis and hypertension both of which can be exacerbated with NSAIDs such as Anaprox. Without clarification of the quantity and dosage of Anaprox this request is not medically necessary.