

Case Number:	CM14-0216488		
Date Assigned:	01/06/2015	Date of Injury:	06/18/2013
Decision Date:	02/25/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/26/2014

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 48 year old male who was injured in a work related accident on 06/18/13. He had his back to a manhole cover a coworker removed the manhole cover. The injured worker stepped backwards into the manhole, catching himself by his arms, receiving lacerations to his right knee per the physician notes from 11/26/13. Per the physician notes from 11/05/14 he complains of low back and left knee pain. He completed 12 sessions of physical therapy. He has not been able to return to work since 08/13 due to significant symptoms in the right lower back and left knee. He reports axial low back pain, primarily on the right side, which intermittently radiates to his right buttock and down the posterolateral right lower extremity to the mid-calf. He also reports depressive symptoms in regards to his chronic pain. The treatment plan includes a Functional Restorative Program, Diclofenac Sodium cream, and Naproxen tablets. The Naproxen was denied by the Claims Administrator on 11/24/14 and was subsequently appealed of Independent Medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium-Anaprox 550 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk; NSAIDs, Hypertension an.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS
Page(s): 67.

Decision rationale: This 48 year old male has complained of left knee pain and low back pain with radiation of the pain to the right lower extremity since date of injury 6/18/13. He has been treated with physical therapy and medications to include NSAIDS since at least 06/2014. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 5 months duration. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not indicated as medically necessary in this patient.