

Case Number:	CM15-0006453		
Date Assigned:	01/26/2015	Date of Injury:	03/07/2013
Decision Date:	03/20/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/12/2015

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:

The injured worker is a 61-year-old female who reported an injury on 03/07/2013. The injured worker reportedly sustained a lumbar sprain, as well as a bilateral knee sprain, while pushing a linen cart. The current diagnoses include right knee osteoarthopathy, right knee degenerative meniscal tear, left knee internal derangement, and low back pain with lower extremity symptoms. The injured worker presented on 12/08/2014, with complaints of 9/10 right knee pain, 5/10 left knee pain, and 6/10 low back pain with right greater than left lower extremity symptoms. Upon examination, there was crepitus noted with bilateral knee range of motion. Lumbar range of motion was documented at 40 degree flexion, 30 degree extension, 30 degree lateral tilt, 30 degree rotation, and positive straight leg raise bilaterally. A Request for Authorization form was then submitted on 11/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 MG 3 Times A Day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

Decision rationale: The California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. For acute exacerbations of chronic pain, NSAIDs are recommended as a second line option after acetaminophen. The injured worker has continuously utilized naproxen 550 mg since at least 09/2014. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain. The California MTUS Guidelines do not recommend long term use of NSAIDs. Given the above, the request is not medically appropriate.