

Case Number:	CM15-0014804		
Date Assigned:	02/03/2015	Date of Injury:	12/03/2012
Decision Date:	04/01/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/27/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 41-year-old male who sustained an industrial injury on 12/3/12. The injured worker reported symptoms in the right knee. The diagnoses included right knee pain. Treatments to date include oral pain medication, non-steroidal anti-inflammatory drugs, and injections. In a progress note dated 12/29/14 the treating provider reports the injured worker right knee pain rated at "9/10 to 10/10" without medication. Physical exam revealed "right extensor lag". On 1/20/15 Utilization Review non-certified the request for naproxen 550 milligrams #60. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro request for naproxen 550mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 73, 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Osteoarthritis Page(s): 11.

Decision rationale: Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. In terms of treatment of the hand, it should be noted that there are no placebo trials of efficacy and recommendations have been extrapolated from other joints. The selection of acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status. Per 12/29/14 progress report, it is indicated that norco was to be discontinued for waning effectiveness. He was to be given Tylenol #4 and naproxen. I respectfully disagree with the UR physician. The request is medically necessary for the injured worker's severe pain.