

Case Number:	CM15-0134056		
Date Assigned:	07/22/2015	Date of Injury:	11/28/2012
Decision Date:	08/18/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 (IW) is a 60-year-old female who sustained an industrial injury on 11/28/2012. Diagnoses/impressions include status post (s/p) left knee scope 5/19/13 with re-tear of the medial meniscus, lateral meniscus tear and osteoarthritis, s/p surgery 3/17/15; and sprain/strain, partial tear cuneocuboid ligament, first metatarsophalangeal osteoarthritis and TSV. Treatment to date has included medications, acupuncture, knee arthroscopy and physical therapy. According to the Doctor's First Report of Occupational Injury or Illness dated 6/3/15, the IW reported constant mild to moderate pain in the left knee, which radiated to the left foot. She reported occasional giving way of the left knee, as well as swelling, popping and clicking. On examination, there was patellofemoral pain, mild quad atrophy and tenderness over the forefoot/cuboid. A request was made for Naproxen 550mg/tab, #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg/tab #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, specific drug list & adverse effects Page(s): 68-73.

Decision rationale: The claimant sustained a work injury in November 2012 and underwent left knee arthroscopic surgery in May 2015. When seen, she was having ongoing knee pain rated at 3/10. She completed postoperative physical therapy with mild improvement. Physical examination findings included appearing in mild distress. She had difficulty transitioning positions. The claimant's BMI is over 32. Naprosyn 550 mg #60 was prescribed. Oral NSAIDS (nonsteroidal anti-inflammatory medications) are recommended for treatment of chronic persistent pain and for control of inflammation. Dosing of naproxen is 275-550 mg twice daily and the maximum daily dose should not exceed 1100 mg. In this case, the requested dosing is within guideline recommendations and is medically necessary.