

Case Number:	CM15-0139381		
Date Assigned:	07/29/2015	Date of Injury:	03/02/2013
Decision Date:	08/31/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/17/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 51 year old male who sustained an industrial injury on 03/02/13. Initial complaints and diagnoses are not available. Treatments to date include medications, right knee anterior cruciate ligament repair, physical therapy, home exercise program, and TENs unit. Diagnostic studies include a MRI of the lumbar spine. Current complaints include right knee and low back pain. In a progress note dated 05/04/15 the treating provider reports the plan of care as naproxen, and 12 additional postoperative physical therapy sessions, as well a consultation for a mass on the left kidney. The requested treatments include Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, pp. 67-73.

Decision rationale: The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, and those at risk for gastrointestinal bleeding. In the case of this worker, there is record suggesting that the worker was not taking any medications due to gastritis, and therefore, it is unclear as to why this medication is being recommended for him to take on a regular basis. Also, in general it is not recommended to take such medications chronically, especially in those with relative increased risks such as diabetes, which could lead to worsening kidney disease if NSAIDs were regularly taken. Upon consideration of the notes available and the medication requested, the Naproxen will be considered medically unnecessary and inappropriate.