MAXIMUS Federal Services

Case Number:	CM15-0160675		
Date Assigned:	08/28/2015	Date of Injury:	11/28/2012
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/18/2015

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 60 year old, female who sustained a work related injury on 11-28-12. The diagnoses have included status post left knee surgery, lumbar spine strain-sprain, left ankle cuneocuboid ligament tear, left 1st metatarsophalangeal osteoarthritis, left knee strain-sprain and re-tear medial meniscus and osteoarthritis. Treatments have included use of a Dynasplint, oral medications, left knee surgery, physical therapy, home exercises, chiropractic treatments and acupuncture. In the PR-2 dated 8-6-15, the injured worker reports medial compartment unloading brace for left knee helps. She does her home exercise program and feels stronger. Pain is reducing slowly. She has improved, mild to moderate pain. She has increased mobility and decreased pain intensity. She also complains of low back and left ankle pain. Some parts of this progress note is hard to decipher. She is not working at present. The treatment plan includes a prescription for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg, 2 times a day, QTY: 60, refill: unspecified as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

Decision rationale: The patient presents with left knee, low back, and left ankle pain. The request is for Naproxen 550mg, 2 times a day, QTY: 60, refill: unspecified as an outpatient. The request for authorization is dated 08/10/15. The patient is status post left knee scope, 05/12/13. Medical compartment unloading brace for left knee helps. She does her HEP daily and feels stronger. Per progress report dated 08/06/15, the patient is Temporarily Total Disability. MTUS Chronic Pain Medical Treatment Guidelines, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective nonsteroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. Treater does not specifically discuss this medication. Prescription history for Naproxen is not provided to determine when this medication was initiated. In this case, review of provided medical reports show no discussions on functional improvement and the effect of pain relief as required by the guidelines. For medication use in chronic pain, MTUS page 60 requires documentation of pain assessment and function as related to the medication use. There is lack of documentation regarding what Naproxen has specifically done for the patient's pain and function and why it is prescribed, as required by MTUS guidelines. Therefore, the request is not medically necessary.