

Case Number:	CM15-0186723		
Date Assigned:	09/28/2015	Date of Injury:	05/30/2002
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 32 year old male, who sustained an industrial-work injury on 5-30-02. A review of the medical records indicates that the injured worker is undergoing treatment for failed left knee arthroscopy, and rule out internal derangement. Medical records dated 7-2-15 indicate that the injured worker complains of bilateral knee pain rated 9-10 out of 10 on the pain scale. The physician indicates that the medication facilitates maintenance of activities of daily living (ADL), shopping, chores and household duties. The injured worker reports gastrointestinal upset with Nonsteroidal anti-inflammatory drugs but not on current dose. The Naproxen also facilitates marked improvement in range of motion. Per the treating physician report dated 7-2-15 work status is temporarily partially disabled. The physical exam dated 7-2-15 reveals tenderness in the left knee, range of motion lacks 5 percent extension, flexion 85 percent, and tenderness right knee with limited range of motion. Treatment to date has included pain medication, surgery, off of work, diagnostics, physical therapy and other modalities. The request for authorization date was 7-23-15 and requested service included Retrospective request for Naproxen 550mg #30 DOS 07-02-2015. The original Utilization review dated 8-24-15 non-certified the request for Naproxen 550mg #30 DOS 07-02-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Naproxen 550mg #30DOS 07/02/2015: 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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects.

Decision rationale: Retrospective request for Naproxen 550mg #30DOS 07/02/2015 is not medically necessary per the MTUS Guidelines. The MTUS guidelines state that NSAIDS are recommended as an option at the lowest dose for short-term symptomatic relief of chronic low back pain, osteoarthritis pain, and for acute exacerbations of chronic pain. The documentation indicates that the patient has been on NSAIDs for an extended period without evidence of functional improvement and with persistent pain. Additionally NSAIDS have associated risk of adverse cardiovascular events, new onset or worsening of pre-existing hypertension, ulcers and bleeding in the stomach and intestines at any time during treatment, elevations of one or more liver enzymes may occur in up to 15% of patients taking NSAIDs and may compromise renal function. The request for continued Naproxen is not medically necessary as there is no evidence of long-term effectiveness of NSAIDS for pain or function. The 7/2/15 document states that the patient's right knee condition continues to cause decline in activity and function. It is not clear that overall Naproxen is increasing this patient's function significantly. The request for continued Naproxen is not medically necessary.