

Case Number:	CM15-0191720		
Date Assigned:	10/05/2015	Date of Injury:	07/09/2011
Decision Date:	11/19/2015	UR Denial Date:	09/21/2015
Priority:	Standard	Application Received:	09/29/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 60 year old male who sustained an industrial injury on 07/09/2011. Medical records indicated the worker was treated for right knee pain. A MRI of the right knee on 10-29-2014 was reported as revealing a medial meniscal tear, a sprain of the ACL (anterior cruciate ligament), and mild arthritic changes of the knee. In the provider notes of 06-11-2015, the injured worker complains of ongoing anterior medial knee pain with mechanical symptoms. On exam, he had no patella instability, no lateral joint line tenderness. He had moderate patellofemoral crepitation and a positive McMurray's with varus stress. The knee was stable to anterior, posterior, medial and lateral stresses. The worker was prescribed Ibuprofen and Norco (04-10-2015) for his knee pain which he stated helped approximately 35%. On 06-26-2015, the worker was seen by an orthopedic surgeon, and a request for surgery was submitted. A right knee arthroscopic synovectomy, partial medial and lateral meniscetomy and chondroplasty were done 07-15-2015. On 09-11-2015, the worker was referred to physical therapy and released to light duty. Non-steroidal anti-inflammatory medications were prescribed. A request for authorization was submitted for Naproxen Sodium tablet 550mg quantity 60, and Ibuprofen 800mg quantity 60, one by mouth twice a day. A utilization review decision 09/21/2015 non-certified the Naproxen request and certified the request for Ibuprofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium tablet 550mg quantity 60: 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, specific drug list & adverse effects.

Decision rationale: Regarding the request for Naproxen, Chronic Pain Medical Treatment Guidelines state that NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. Guidelines also state acetaminophen may be considered for initial therapy for patients with mild to moderate pain. Within the documentation available for review, there is no recent documentation of moderate to severe pain or that the patient has failed acetaminophen. In addition, there is no recent indication that Ibuprofen specifically was providing any specific analgesic benefits (in terms of percent pain reduction, or reduction in numeric rating scale), or any objective functional improvement. Finally, there is no documentation as to the need of two drugs in the same class. In the absence of such documentation, the currently requested Naproxen is not medically necessary.