

<b>Case Number:</b>	CM15-0193668		
<b>Date Assigned:</b>	10/07/2015	<b>Date of Injury:</b>	01/12/2012
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/01/2015

### 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: Texas, California  
 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:

This is a 55 year old female patient who sustained a work related injury on 1-12-12. She sustained the injury due to a fall backward and struck her left knee. A review of the medical records shows she is being treated for left knee pain. Per the utilization review treatment appeal dated 9/29/15, she had complaints of persistent left knee pain with numbness and tingling. She uses naproxen for severe pain as needed. Her previous refill was several months ago. The physical examination revealed antalgic gait and medial joint line tenderness. Per the progress notes dated 9/9/2015, she had persistent left knee pain that was "worse" with ambulation and after a full day at work. She reported the left knee pain radiates into her left calf with cramping in the sole of her foot and toes. She reported 80 % relief with medications. She is currently working full time. The current medications list includes Capsaicin cream, Naproxen and Protonix. She has had left knee MRI dated 2/8/2013 which revealed medial meniscus tear and chondral thinning in the knee. She has undergone left knee surgery 6-5-12; revised arthroscopic surgery on unspecified date. She has had left knee steroid injection on 3/26/2014 and physical therapy for this injury. The Request for Authorization dated 9-14-15 has requests for Naproxen, Capsaicin cream and Protonix. In the Utilization Review dated 9-24-15, the requested treatment of Retro Naproxen Sodium-Anaprox 550mg. #90 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Naproxen Sodium- Anaprox 550mg #90 (ODS 09/09/2015): Overturned**

**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, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** Retrospective Naproxen Sodium- Anaprox 550mg #90 (ODS 09/09/2015) Naproxen is a NSAID. CA MTUS states that NSAIDs are recommended for "Chronic pain as an option for short-term symptomatic relief, recommended at the lowest dose for the shortest period in patients with moderate to severe pain." MTUS also states that "Anti- inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume." According to the records provided patient has chronic left knee pain with history of left knee surgeries. NSAIDs are considered first line treatment for pain and inflammation. She uses naproxen for severe pain as needed. Her previous refill was several months ago. She reported 80 % relief with medications. The request for retrospective Naproxen Sodium- Anaprox 550mg #90 (ODS 09/09/2015) is medically necessary for this patient to use as prn to manage his chronic pain.