

<b>Case Number:</b>	CM15-0196456		
<b>Date Assigned:</b>	10/12/2015	<b>Date of Injury:</b>	02/16/2011
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/06/2015

### 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 50 year old male who sustained an industrial injury on 02-16-2011. A review of the medical records indicated that the injured worker is undergoing treatment for internal derangement of the bilateral knees. The injured worker is status post right knee arthroscopy with partial medial meniscectomy and trochlear chondroplasty in 05-2011 and 12-2012 and arthroscopy for a left lateral meniscus repair on 03-19-2015. According to the treating physician's progress report on 08-31-2015, the injured worker continues to experience bilateral knee pain and difficulty walking more than 2 blocks (15 minutes). Examination demonstrated tenderness along the patella and inner joint line along the right and some at the left. Extension was noted at 180 degrees and flexion at 80 degrees on the left without instability. The injured worker ambulates with a cane. McMurray's was positive medially especially on the right side. Prior treatments have included diagnostic testing, cortisone injections bilateral knees, Hyalgan injections times 2, surgery, physical therapy (24 sessions), cane, knee braces, weight loss, psychological evaluation and treatment, home exercise program, hot and cold wraps, transcutaneous electrical nerve stimulation (TENS) unit and medications. Current medications were noted as Norco 10mg-325mg, Effexor XR, Trazodone, Tramadol, Naproxen and Lunesta. Treatment plan consists of Hyalgan injection series for the right knee and the current request for Naproxen 550mg #60. On 09-10-2015, the Utilization Review determined the request for Naproxen 550mg #60 was not medically necessary.

## 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:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** 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. Monitoring of NSAIDs functional benefit is advised as per Guidelines, long-term use of NSAIDS beyond a few weeks may actually retard muscle and connective tissue healing and increase the risk for heart attack and stroke in patients with or without heart disease, as well as potential for hip fractures even within the first weeks of treatment, increasing with longer use and higher doses of the NSAID. Available reports submitted have not adequately addressed the indication to continue a NSAID for a chronic 2011 injury nor have they demonstrated any functional efficacy in terms of improved functional status, specific increased in ADLs, decreased in pharmacological dosing, and decreased in medical utilization derived from treatment already rendered. The Naproxen 550mg #60 is not medically necessary and appropriate.