

Case Number:	CM15-0208214		
Date Assigned:	10/27/2015	Date of Injury:	05/24/2010
Decision Date:	12/08/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	10/22/2015

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: Arizona, 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 61 year old male sustained an industrial injury on 5-24-10. Documentation indicated that the injured worker was receiving treatment for right knee pain status post right knee arthroscopy with meniscectomy (2010). Previous treatment included physical therapy and medications. In a PR-2 dated 10-7-15, the injured worker complained of increasing right knee pain that was exacerbated after standing and walking. The injured worker also reported swelling after prolonged standing or walking and occasional episodes of giving out. The injured worker rated his pain 8 out of 10. The injured worker had finished six sessions of recent physical therapy and stated that it did not help his pain. The injured worker stated that he experienced a flare up of pain after his last physical therapy session that had not improved. Physical exam was remarkable for right knee with patellofemoral crepitus and increased knee pain on extremes of flexion with range of motion: 0 to 130 degrees. The treatment plan included a new prescription for Anaprox and right knee magnetic resonance imaging arthrogram. On 10-20-15, Utilization Review noncertified a request for Anaprox 550mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60 with 3 refills: 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), NSAIDs, GI symptoms & cardiovascular risk.

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs intermittently in the last few months. Pain scores reduction with use of medications was not noted. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future need cannot be determined. Continued use of Anaprox is not medically necessary.