

Case Number:	CM15-0209355		
Date Assigned:	10/28/2015	Date of Injury:	07/19/2011
Decision Date:	12/08/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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: Internal Medicine, Rheumatology

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 injured worker is a 60 year old male, who sustained an industrial injury on 07-19-2011. The injured worker was diagnosed as having right knee pain. On medical records dated 06-25-2015, the subjective complaints were noted as right knee pain. Objective findings were noted as right knee medial joint line pain, medial knee swelling, range of motion was full but with pain. The injured worker was noted to use crutches secondary to pain. Treatments to date included physical therapy, medication and surgical intervention. Current medications were listed as Norco and Ibuprofen. The Utilization Review (UR) was dated 10-25-2015. A Request for Authorization was submitted. The UR submitted for this medical review indicated that the request for Naproxen Sodium 550mg #60 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen Sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, specific drug list & adverse effects.

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

Decision rationale: This 60 year old male has complained of right knee pain since date of injury 7/19/11. He has been treated with surgery, physical therapy and medications to include NSAIDS for at least 1 month duration. The current request is for Naproxen. Per the MTUS guideline cited above, NSAIDS are recommended at the lowest dose for the shortest period in patients with moderate to severe joint pain. This patient has been treated with NSAIDS for at least 4 weeks. There is no documentation in the available medical records discussing the rationale for continued use or necessity of use of an NSAID in this patient. On the basis of this lack of documentation, Naproxen is not medically necessary in this patient.