

<b>Case Number:</b>	CM15-0033429		
<b>Date Assigned:</b>	02/26/2015	<b>Date of Injury:</b>	05/16/2013
<b>Decision Date:</b>	04/07/2015	<b>UR Denial Date:</b>	02/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/23/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 37 year old female with an industrial injury dated 05/16/2013 resulting from a fall. Her diagnoses include left trochanteric bursitis, patellofemoral arthrosis of the left knee, and mechanical low back pain. Recent diagnostic testing has included x-rays of the left knee and left ankle (09/25/2014) showing no significant abnormalities. Previous treatments have included conservative measures, medications, and physical therapy. In an Agrees Medical Re-evaluation dated 12/10/2014, the physician reports left hip pain with a popping sensation, low back pain, and increased pain throughout the left lower extremity as well as radiating pain to the left side of the low back. The objective examination revealed slight posterior lumbar tenderness with intact sensation and strength in the bilateral lower extremities, moderate left knee pain with patella compression and sub patella crepitus, limited range of motion in the left knee without instability, and exquisite tenderness along the lateral aspect of the left hip and limited range of motion. The treating physician is requesting post-operative Anaprox which was denied by the utilization review. On 02/12/2015, Utilization Review non-certified a prescription for post-operative Anaprox 550mg #60, noting that the clinical note fail to adequately document conservative treatment provided for the left knee as recommended by the guidelines. The MTUS, ACOEM and ODG guidelines were cited. On 02/23/2015, the injured worker submitted an application for IMR for review of post-operative Anaprox 550mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Post-Operative Anaprox 550mg #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, 2nd edition (2004), Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Naproxen, NSAIDs (non-steroidal anti-inflammatory drugs).

**Decision rationale:** MTUS recommends NSAIDs for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular, for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. MTUS further specifies that NSAIDs should be used cautiously in patients with hypertension. ODG states, Recommended as an option. Naproxen is a non-steroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis. Medical records do not indicate a diagnosis of osteoarthritis in this patient. In addition, this patient has been taking Anaprox for at least six months without documented change in functional improvement. As such, the request for Post-Operative Anaprox 550mg #60 is not medically necessary.