MAXIMUS Federal Services

Case Number:	CM15-0046476		
Date Assigned:	03/18/2015	Date of Injury:	05/04/2012
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/11/2015

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: New York, Tennessee
Certification(s)/Specialty: Emergency 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 47 year old female, who sustained a work/ industrial injury on 5/4/12. She has reported initial symptoms of bilateral knee pain. The injured worker was diagnosed as having bilateral knee medial meniscal tears with chondromalacia in the patella in the left knee and medial femoral condyle chondromalacia and left knee patellar tendinitis. Treatments to date included medication, psychiatric care, and home exercise program. Currently, the injured worker complains of bilateral knee pain, worse on the left. The treating physician's report (PR-2) of 2/18/15 indicated there was tenderness over the medial joint line regions of both knees, (L>R), patellofemoral crepitus in both knees, limited range of motion to both knees, slight antalgic gait, and positive McMurray's test. Treatment plan included Anaprox DS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS 550 mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Guidelines Page(s): 67-68.

Decision rationale: Anaprox is naproxen, a nonsteroidal anti-inflammatory drug (NSAID). Chronic Medical Treatment Guidelines state that "anti-inflammatory drugs are the traditional first line of treatment, but long term use may not be warranted." For osteoarthritis it was recommended that the lowest dose for the shortest length of time be used. It was not shown to be more effective that acetaminophen, and had more adverse side effects. Adverse effects for GI toxicity and renal function have been reported. Medications for chronic pain usually provide temporary relief. Medications should be prescribed only one at a time and should show effect within 1-3 days. Record of pain and function with the medication should be documented. In this case the patient had been taking NSAID medications since at least September 2014 without relief. The duration of treatment increases the risk of adverse effects with little benefit. The request is not medically necessary.