

<b>Case Number:</b>	CM15-0049361		
<b>Date Assigned:</b>	03/23/2015	<b>Date of Injury:</b>	04/16/2014
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: Preventive Medicine, Occupational 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 36 year old male, who sustained an industrial injury on 04/16/2014. He reported injuries to his right foot and whole right side of his body and was diagnosed with two fractures in his right foot. The injured worker is currently diagnosed as having resolved cervical sprain/strain, lumbar spine sprain/strain, internal derangement of the right knee, right ankle sprain/strain, and right knee fractures. Treatment to date has included right knee injection, physical therapy for his low back, right ankle, and foot pain, lumbar spine, right foot, and right ankle MRI, and medications. In a progress note dated 02/04/2015, the injured worker presented with complaints of neck, low back, right knee, and right ankle pain. The treating physician reported requesting authorization for Anaprox.

### 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 Treatment Guidelines Page(s): 67.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Anaprox 550mg #60 with 3 refills is not medically necessary.