

Case Number:	CM15-0058976		
Date Assigned:	04/03/2015	Date of Injury:	03/24/2006
Decision Date:	05/11/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	03/27/2015

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: Physical Medicine & Rehabilitation

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 53 year old male, who sustained an industrial injury on March 24, 2006. The injured worker had reported neck, back and knee pain. The diagnoses have included internal derangement of the right knee, anterior cruciate ligament tear left knee, severe osteoarthritis of the left knee, knee pain, lumbar degenerative disc disease, lumbar radiculitis, lumbar spondylosis, cervical degenerative disc disease, cervical radiculitis, thoracic back pain, depression and left knee arthroscopy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar epidural steroid injection, right knee injection and exercising. Current documentation dated March 20, 2015 notes that the injured worker was seen for a preoperative visit related to upcoming left knee surgery. The injured worker reported severe left knee pain. Physical examination of the left knee revealed an effusion, tenderness of the medial and lateral joint, moderate crepitus and pain with a McMurray's test. The treating physician's plan of care included a request for the medication Naproxen 550 mg as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Medications for chronic pain Page(s): 22, 60.

Decision rationale: This patient has a date of injury of 03/24/06 and presents with bilateral knee and low back pain. The current request is for Naproxen 550MG. The MTUS Guidelines page 22 regarding anti-inflammatory medication states that, "Anti-inflammatories are the traditional first line of treatment to reduce pain, so activity and functional restoration can resume, but long-term use may not be warranted." Review of the medical file indicates that the patient has been utilizing Naproxen since at least 09/26/14. According to progress report dated 09/26/14, the patient is taking Naproxen "with good relief and no side effects." Without medications, his pain level is on average 6-9/10 and comes down to 2-3/10 with medications. Progress report dated 01/19/15 states that the patient is tolerating medications with good benefit and he is able to participate in yoga. Pain level is decreased from 6/10 to 4/10 with medications including Naproxen. The treating physician has provided adequate documentation of this medications efficacy. This request is medically necessary.