

<b>Case Number:</b>	CM15-0082686		
<b>Date Assigned:</b>	05/05/2015	<b>Date of Injury:</b>	10/23/2012
<b>Decision Date:</b>	06/17/2015	<b>UR Denial Date:</b>	04/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/30/2015

### 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, West Virginia, Pennsylvania  
 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 52 year old male with an industrial injury dated 10/23/2012. The injured worker's diagnoses include left knee medial meniscal tear and lateral meniscal tear status post arthroscopy and right knee medial meniscus tear. Treatment consisted of MRI scan of the left knee, prescribed medications, and periodic follow up visits. In a progress note dated 9/12/2014, the injured worker reported left knee pain. The injured worker also reported that he continues to experience left knee pain and swelling after arthroscopic surgery. Left knee exam revealed tenderness to palpitation along the medial joint line, moderate effusion, decrease flexion and pain with McMurray's test. Treatment plan consisted of request for arthroscopy of the left knee and medication management. The treating physician prescribed services for retrospective Anaprox 550 mg #60 for inflammation and swelling with a date of service of 9/12/2014 now under review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective Anaprox 550 mg #60 with a date of service of 9/12/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 66, 70.

**Decision rationale:** Guidelines state that NSAIDs may relieve signs and symptoms of osteoarthritis and should be used for the shortest duration of time and lowest effective dose. In this case, the patient has been taking a relatively high dose of Anaprox for several months even though the lowest dosage should be used. No attempt at lowering the dose is documented. The request for Anaprox is not medically appropriate and necessary.