

Case Number:	CM15-0088527		
Date Assigned:	05/12/2015	Date of Injury:	03/15/2014
Decision Date:	06/18/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 65 year old male, who sustained an industrial injury on 3/15/2014. He reported falling and injuring his right knee. Diagnoses have included right knee degenerative osteoarthritis. Treatment to date has included right total knee replacement (9/5/2014), physical therapy and medication. According to the progress report dated 1/12/2015, the injured worker complained of increased pain. The injured worker ambulated with a flexed knee on the right. Exam of the right knee revealed minimal soft tissue swelling and minimal tenderness. The treatment plan was to discontinue Norco and continue Naprosyn. Physical therapy was recommended due to persistent flexion contracture. Authorization was requested for Naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 325mg #60: 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): 67-73.

Decision rationale: Naproxen is in the non-steroidal anti-inflammatory drug (NSAID) class of medications. The MTUS Guidelines support the use of NSAIDs in managing osteoarthritis-related moderate to severe pain. The Guidelines stress the importance of using the lowest dose necessary for the shortest amount of time. They further emphasize that clinicians should weigh the benefits of these medications against the potential negative effects, especially in the setting of gastrointestinal or cardiovascular risk factors. The submitted and reviewed records indicated the worker was experiencing knee pain and problems sleeping. There was no recent discussion describing improved pain intensity, function, and/or quality of life with the specific use of this medication or providing an individualized risk assessment for its use. In the absence of such evidence, the current request for sixty tablets of naproxen 325mg with one refill is not medically necessary.