

Case Number:	CM15-0237874		
Date Assigned:	12/15/2015	Date of Injury:	11/15/2001
Decision Date:	01/15/2016	UR Denial Date:	11/19/2015
Priority:	Standard	Application Received:	12/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 59 year old female, who sustained an industrial injury on 11-15-01. The injured worker was being treated for degenerative joint disease of bilateral knees, bilateral knee pain, osteopenia of knees, patellofemoral pain syndrome, bilateral trochanteric bursitis, low back pain and total knee replacement of right knee (5-6-15). On 10-6-15 and 11-10-15, the injured worker complains of low back and bilateral knee pain, she complains of spasm in low back and radiation to lateral hip; aching pain in knees is improving some. She notes she has some numbness in lateral aspect of right knee and it gives out at times. She rates the pain 4 out of 10 and 3 out of 10 with medications and 8 out of 10 and 7 out of 10 without medications. Work status is noted to be "settled case with future medical benefits". Physical exam performed on 11-10-15 revealed tenderness in upper and mid paraspinal muscles, tenderness in bilateral sacroiliac joints with decreased range of motion, mild swelling at the joint line of right knee with tenderness and tenderness at left joint line with significant crepitus. It is also noted sensation is decreased in right knee. Treatment to date has included right total knee replacement, oral medications including Naproxen 550 and Percocet (with good relief; she notes she is exercising on a regular basis), physical therapy, home exercise program and activity modifications. On 10-8-15 request for authorization was submitted for appeal of Anaprox 550mg #60. On 11-19-15 request for Anaprox 550mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox 550mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Anaprox 550 mg, #60 is not medically necessary. Non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. There appears to be no difference between traditional non-steroidal anti-inflammatory drugs and COX-2 non-steroidal anti-inflammatory drugs in terms of pain relief. The main concern of selection is based on adverse effects. In this case, the injured worker's working diagnoses are degenerative joint disease of bilateral knees, bilateral knee pain, osteopenia of knees, patellofemoral pain syndrome, bilateral trochanteric bursitis, low back pain and total knee replacement of right knee (5-6-15). Date of injury is November 15, 2001. Request for authorization is November 12, 2015. Medical record contains 66 pages and three progress notes. The earliest progress note dated September 8, 2015 shows the injured worker was taking naproxen and Percocet with the pain score of 4/10. The start date for naproxen is not specified. According to the most recent progress note dated November 10, 2015, the worker status post right total knee replacement May 6, 2015. Subjective complaints include low back pain that radiates to the lateral hip. Pain is 3/10, the injured workers ability to exercise has improved and she is able to stand longer. She is able to walk longer. Objectively, there is tenderness in the paraspinal muscles and SI joints. There is mild swelling in the right knee. Nonsteroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period. The start date for Anaprox (naproxen sodium) is not specified. The Anaprox duration of use is not specified. There is no documentation showing an attempt at weaning Anaprox. The pain score is relatively static at 3/10. Pain score from September 8, 2015 and October 6, 2015 is 4/10. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no attempt at an Anaprox weaning guideline recommendations citing non-steroidal anti-inflammatory drugs are recommended at the lowest dose for the shortest period, Anaprox 550 mg, #60 is not medically necessary.