

Case Number:	CM14-0121089		
Date Assigned:	09/05/2014	Date of Injury:	12/11/2013
Decision Date:	10/28/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/31/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 56-year-old female with a date of injury of 12/11/13. Mechanism of injury was a pop sensation at the knee while packing various merchandise and clothing at work. An MRI was done on 1/09/14, and this showed an anterior cruciate ligament (ACL) sprain, medial meniscus tear, and a possible tear of the lateral meniscus. Arthroscopic surgery was recommended, and this was done on 3/20/14. Most recent follow-up prior to the recent UR decision in dispute was on 7/01/14. The patient was having reduced amounts of knee pain. Examination shows good range of motion with and range pain. Diagnoses were listed as bilateral knee degenerative joint disease (DJD), left meniscus tear, bilateral knee strain, and mild dyspepsia. Recommendations are for Voltaren Gel and Naproxen. This was submitted to utilization review with an adverse determination rendered on 7/14/14. Voltaren Gel was approved, but oral Naproxen was not.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 500mg 1po bid, qty #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroid anti-inflammatory drugs) Page(s): 67, 68, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs), Page(s): 67-73. Decision based on Non-MTUS Citation

Other Medical Treatment Guideline or Medical Evidence: Endo Pharmaceuticals/Novartis Product Safety Information Insert, Voltaren Gel

Decision rationale: While guidelines do note that there is risk for adverse effects, such as gastrointestinal (GI) and cardiovascular, they do support use of NSAIDS for orthopedic conditions. In this case, the patient has a knee injury but also has a history of dyspepsia. She was prescribed both Voltaren Gel and oral Naproxen. Product safety information from the manufacturer recommends that Voltaren Gel not be used concurrently with oral NSAIDS due to increasing the adverse effect profile. There is no indication for concurrent use of two prescription strength NSAIDS. As topical Voltaren was certified, there is no medical necessity for Naproxen 500 mg BID #60.