

Case Number:	CM14-0123318		
Date Assigned:	08/08/2014	Date of Injury:	07/10/2010
Decision Date:	11/14/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

53 years old male injured worker with date of injury 7/10/10 with related neck, low back, and left knee pain. Per progress report dated 6/26/14, the injured worker complained of neck pain rated 8/10; low back pain rated 8/10 that occasionally radiated to his thighs; and left knee pain rated 7/10, all described as sharp and constant. Per physical exam, popping and clicking of the injured worker's knee were noted. Reflexes, sensation, and motor strength were intact, positive left McMurray's, and pain over the left medial joint line were noted. Treatment to date has included physical therapy, and medication management. The date of UR decision was 7/30/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anaprox DS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68.

Decision rationale: With regard to the use of NSAIDs for osteoarthritis, the MTUS CPMTG states "Current guidelines note that evidence is limited to make an initial recommendation with acetaminophen, and that NSAIDs may be more efficacious for treatment. The selection of

acetaminophen as a first-line treatment appears to be made primarily based on side effect profile in osteoarthritis guidelines. The most recent Cochrane review on this subject suggests that non-steroidal anti-inflammatory drugs (NSAIDs) are more efficacious for osteoarthritis in terms of pain reduction, global assessments and improvement of functional status."The request is indicated for the injured worker's moderate low back and knee pain. I respectfully disagree with the UR physician's assertion that continued NSAID therapy requires documentation of functional improvement; the MTUS does not mandate this. The request for Anaprox DS is medically necessary and appropriate.