

Case Number:	CM14-0155006		
Date Assigned:	09/25/2014	Date of Injury:	01/01/2012
Decision Date:	10/28/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/22/2014

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:

The injured worker is a 49-year-old female who reported an injury on 01/01/2012. The mechanism of injury was accidental fall on same level from tripping or stumbling. The injured worker's diagnoses included knee contusion bilaterally, bilateral knee sprain/strain, bilateral knee internal derangement, medial meniscus tear bilateral, lateral meniscus tear bilateral, left knee joint effusion, left knee medial collateral ligament sprain or even partial tear, right knee Baker's cyst, and narrowing of medial femoral tibial joint space bilateral knees. The injured worker's past treatments included medications and physical therapy. In the 08/14/2014 clinical note the injured worker stated her pain was 8/10. In the clinical note dated 09/12/2014, the injured worker complained of constant, moderate, sharp left knee pain, stiffness, numbness and tingling, and burning. The injured worker's left knee range of motion was decreased and painful with flexion at 100 degrees and extension at 0 degrees. In the clinical note dated 08/14/2014, the injured worker's medications included naproxen, omeprazole, Cidaflex, and menthoderm. Frequencies and dosages were not provided. The request was for naproxen 550 mg #90. The rationale for the request was not provided. The Request for Authorization form was submitted on 08/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #90: Upheld

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

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

Decision rationale: The request for Naproxen 550 mg #90 is not medically necessary. The injured worker is diagnosed with bilateral knee contusion, sprain/strain, internal derangement, medial meniscus tear, lateral meniscus tear, joint effusion on the left, medial collateral ligament sprain or partial tear on the left knee, Baker's cyst on the right knee, and narrowing of the medial femoral tibial joint space bilaterally. The injured worker complained of left knee pain rated 8/10. The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose for the shortest period in patients with moderate to severe pain. The guidelines state anti-inflammatories are the traditional first line of treatment to reduce pain so activity and functional restoration can resume, but long term use may not be warranted. NSAIDs are recommended as an option for short term symptomatic relief for chronic low back pain. The injured worker's medical records lack documentation of the efficacy of the medication, the time frame of efficacy, the efficacy of functional status that the medication provides, and the pain rating pre and post medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Naproxen 550 mg #90 is not medically necessary.