

<b>Case Number:</b>	CM14-0213407		
<b>Date Assigned:</b>	12/30/2014	<b>Date of Injury:</b>	10/01/2007
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2014

### 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. 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

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

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

According to the records made available for review, this is a 75-year-old male with a 10/1/07 date of injury. At the time (11/14/14) of request for authorization for Naprosyn 500mg #200 with 1 refill, there is documentation of subjective (knee pain with stiffness) and objective (trace knee effusion with decreased range of motion) findings, current diagnoses (right knee degenerative joint disease, chondromalacia of right knee patella, and medial meniscus tear), and treatment to date (medications (including ongoing treatment with Naprosyn)). There is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naprosyn use to date.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naprosyn 500mg #200 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs). Page(s): 67-68. Decision based on Non-MTUS Citation

Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of right knee degenerative joint disease, chondromalacia of right knee patella, and medial meniscus tear. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Naprosyn, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naprosyn use to date. In addition, the quantity requested exceeds recommended guidelines. Therefore, based on guidelines and a review of the evidence, the request for Naprosyn 500mg #200 with 1 refill is not medically necessary.