

<b>Case Number:</b>	CM15-0106162		
<b>Date Assigned:</b>	06/10/2015	<b>Date of Injury:</b>	05/02/2013
<b>Decision Date:</b>	07/13/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/02/2015

### 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

Certification(s)/Specialty: Emergency 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 (IW) is a 51 year old male who sustained an industrial injury on 05/02/2013. He reported discomfort in the right knee, and low back pain. The injured worker was diagnosed as having lumbar sprain or strain and lumbar facet radiculopathy. Treatment to date has included right knee situation post anterior cruciate ligament repair (10/21/2014), a home exercise program, and daily walking. A MRI of the lumbar spine 01/09/2015 showed L5-S1 5mm disc protrusion. Currently, the injured worker complains of continued intermittent right knee and low back pain. On exam, there is decreased lumbar range of motion. The worker denies radicular symptoms. The surgical scar of the right knee is well healed. There is diffuse tenderness to palpation in the right knee joint. The worker had not taken any pain medication due to his history of gastritis. The treatment plan includes a trial of Naproxen to be taken with food. A prior request was made for additional sessions of physical therapy for the lumbar area and knee. Requests for authorization were made for Naproxen 550 mg #60 and Four week follow up apt.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Naproxen 550 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Naproxen 550 mg #60 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). 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."The injured worker has intermittent right knee and low back pain. On exam, there is decreased lumbar range of motion. The worker denies radicular symptoms. The surgical scar of the right knee is well healed. There is diffuse tenderness to palpation in the right knee joint. The worker had not taken any pain medication due to his history of gastritis. The treating physician has not documented current inflammatory conditions, duration of treatment, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, Naproxen 550 mg #60 is not medically necessary.