

<b>Case Number:</b>	CM15-0012947		
<b>Date Assigned:</b>	01/30/2015	<b>Date of Injury:</b>	08/21/2014
<b>Decision Date:</b>	03/19/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/22/2015

### 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: New Jersey  
 Certification(s)/Specialty: Family Practice

### 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 58-year-old female sustained a work-related injury to the right knee and left ankle on 8/21/2014. The progress notes dated 8/28/2014 state her diagnoses as contusion of lower leg, open wound of knee, leg (except thigh), and ankle without mention of complication, need for prophylactic vaccination and inoculation against diphtheria-tetanus-pertussis, combined (DTP, DTAP). She reports pain, swelling and numbness of left leg wound area. Previous treatments included Motrin, Tylenol and physical therapy. The treating provider requests Anaprox 550mg #60. The Utilization Review on 12/31/2014 modified the request to Anaprox 550mg #40, citing CA MTUS guidelines for NSAIDs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Anaprox 550mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 16-19, 67-70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

**Decision rationale:** The MTUS Guidelines state that NSAIDs (non-steroidal anti-inflammatory drugs) may be recommended for osteoarthritis as long as the lowest dose and shortest period is used. The MTUS also recommends NSAIDs for short-term symptomatic use in the setting of back pain if the patient is experiencing an acute exacerbation of chronic back pain if acetaminophen is not appropriate. NSAIDs are not recommended for neuropathic pain, long-term chronic pain, and relatively contraindicated in those patients with cardiovascular disease, hypertension, kidney disease, at risk for gastrointestinal bleeding. In the case of this worker, following her right knee and ankle injury, she again re-injured her left ankle and knee by twisting them, causing more pain. She had been taking Motrin leading up to this time, although it was not reported that she was still taking them at the time of the 12/5/14 office visit. She was then recommended Anaprox 550 mg #60, however this duration of treatment for an ankle or knee sprain is beyond the recommended duration for this, which might be 1-2 weeks of as needed NSAIDs. Considering the potential risks with prolonged use of this medication and the lack of evidence to suggest this case is an exception, the Anaprox will be considered medically unnecessary.