

Case Number:	CM15-0016092		
Date Assigned:	02/04/2015	Date of Injury:	03/29/2010
Decision Date:	03/27/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/28/2015

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: Physical Medicine & Rehabilitation

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 61 year old male, who sustained an industrial injury on March 29, 2010. The diagnoses have included degenerative arthritis of the right knee joint. Treatment to date has included physical therapy, acupuncture, massage, hot/cold packs, and medications. Currently, the injured worker complains of right knee pain. The Treating Physician's report dated December 9, 2014, noted the injured worker's right knee significantly bothering him since the previous visit. Physical examination was noted to show a large amount of tricompartmental crepitation and boggy synovium, with no real effusion. The recommendation was for a steroid injection on that date. On December 25, 2014, Utilization Review non-certified Naprosyn 500mg one tablet twice a day #60 with one refill, noting the injured worker was only using the Naprosyn on an intermittent basis which would not support the use of a prescription non-steroid anti-inflammatory drugs (NSAIDs) when the injured worker could reasonably transition to over-the-counter medications. The MTUS Chronic Pain Medical Treatment Guidelines was cited. On January 28, 2015, the injured worker submitted an application for IMR for review of Naprosyn 500mg one tablet twice a day #60 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg,1 tablet twice a day, #60 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 Medications for chronic pain Page(s): 67-68, 60.

Decision rationale: The patient presents with pain and weakness in his neck, right shoulder, lower back and right knee. The request is for NAPROSYN 500MG, 1 TABLET TWICE A DAY #60 with 1 REFILL. Per 06/11/13 AMEs report, the patient has utilized Naprosyn twice a day. The patient's work status is not known. MTUS guidelines page 67 and 68 recommend NSAIDs -- non-steroidal anti-inflammatory drugs-- as an option for short-term symptomatic relief. NSAIDs are effective for chronic LBP, MTUS also states. In this case, there are no reports that specifically discuss this request. The treater does not document how this medication is being used with what efficacy. MTUS page 60 requires recording of pain and function when medications are used for chronic pain. Although the use of NSAID may be indicated for the patient's LBP, given the lack of any documentation regarding its efficacy, the request IS NOT medically necessary.