

Case Number:	CM15-0098252		
Date Assigned:	05/29/2015	Date of Injury:	01/04/2011
Decision Date:	07/02/2015	UR Denial Date:	04/27/2015
Priority:	Standard	Application Received:	05/21/2015

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: Arizona, California

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:

The injured worker is a 51 year old male, who sustained an industrial injury on 1/4/11. He has reported initial complaints of left knee and leg pain with injury. The diagnoses have included left tibia/fibula fracture status post rodding and left quad atrophy from fracture. Treatment to date has included medications, activity modifications, diagnostics, surgery, physical therapy and other modalities. Currently, as per the physician progress note workmen's compensation evaluation dated 4/20/15, the injured worker complains of persistent left knee pain with standing and squatting activities. The symptoms are described as frequent moderate pain. The left tibia pain is rated 2-8/10 depending on what he does. The persistent anterior knee pain is sharp and located at the distal knee incision and is painful with going up and down steps and kneeling. The physical exam reveals local point tenderness of the inferior pole of the patella tendon, well healed incision, distal incision point tenderness and tenderness to percussion. The diagnostic testing that was performed included Magnetic Resonance Imaging (MRI) of the left knee dated 2/18/15 and X-rays of the left tibia/fibula dated 2/9/15. The current medications included Ibuprofen and Naprosyn. The injured worker is able to return to his usual and customary duties at work on 4/20/15. The physician requested treatment included Naprosyn 500mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naprosyn 500mg #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 73.

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

Decision rationale: According to the guidelines, NSAIDs are recommended as a second-line treatment after acetaminophen. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain. NSAIDs are recommended as an option for short-term symptomatic relief. In this case, the claimant had been on NSAIDs for over a year. There was no indication of Tylenol failure. Long-term NSAID use has renal and GI risks. Future pain levels cannot be determined. Continued use of Naproxen with 2 refills is not medically necessary.