

Case Number:	CM13-0024345		
Date Assigned:	12/13/2013	Date of Injury:	04/12/2013
Decision Date:	02/14/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	09/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 36-year-old male who reported an injury on 04/12/2013. The patient is diagnosed with contusion of the right knee and patellar tendon with persistent symptomatology, persistent prepatellar bursitis in the right knee, possible meniscal tear in the right knee, and traumatic chondromalacia patella in the right knee. The patient was seen by [REDACTED] on 09/11/2013. The patient reported persistent right knee pain. Physical examination revealed tenderness on the right medial joint line, tenderness in the right patella, normal range of motion, and 5/5 strength. Treatment recommendations included continuation of current medication including nabumetone, Tylenol and Ultracet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro: Acetaminophen 500mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Inflammatory Medications Page(s): 22,67,68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11-12.

Decision rationale: California MTUS Guidelines state acetaminophen is recommended for treatment of chronic pain and acute exacerbations of chronic pain. As per the clinical notes

submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent knee pain. Satisfactory response to treatment was not indicated. The patient's physical examination did not reveal any significant changes that would indicate functional improvement as a result of this medication. There is also no evidence of a failure to respond to traditional over-the-counter analgesic medication prior to initiation of a prescription product. Based on the clinical information received, the request is non-certified.

Retro: Nabumetone 750mg tabs #20: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67,72.

Decision rationale: California MTUS Guidelines state NSAIDs are recommended for osteoarthritis at the lowest dose for the shortest period in patients with moderate to severe pain. There is no evidence to recommend 1 drug in this class over another based on efficacy. As per the clinical notes submitted, the patient had continuously utilized this medication. Despite ongoing use, the patient continued to report persistent pain. There was no significant change in the patient's physical examination that would indicate functional improvement. As guidelines do not recommend long-term use of NSAID medication, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.