

Case Number:	CM13-0052189		
Date Assigned:	12/27/2013	Date of Injury:	01/31/2006
Decision Date:	05/02/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/15/2013

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. The expert reviewer is Board Certified in Family Practice 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 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/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 injured worker is a 68-year-old male who reported an injury on 01/31/2006. The injured worker was seen on 08/07/2013 for complaints of lower back pain, which was reportedly unchanged from a previous visit. The pain was located across his butt line without radiation to the legs at that time, whereupon the injured worker continued to complain of bilateral knee pain with the pain much greater on the right. The injured worker had been indicated for right total knee arthroplasty and had been utilizing ibuprofen, tramadol, Robaxin, Biotherm, and Prilosec. His medications were relieving his pain from a 9/10 to a 4/10. The injured worker was most recently seen on 09/16/2013 for a follow-up regarding the pain affecting the injured worker's lumbar spine and bilateral knees. The injured worker continued to have relief with the use of his medications and had also been recommended for the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

MOTRIN (IBUPROFEN 800MG) #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MOTRIN.

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

Decision rationale: According to California MTUS Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. It further states in the guidelines that blood pressure should be measured, as well as evidence of fluid excess in normotensive patients within 2 weeks to 4 weeks of beginning treatment and on each visit. The 2 most recent/current examination dates failed to provide adequate documentation of vital signs to include blood pressure for this injured worker. The injured worker is 68 years old and, with his ongoing use of these medications, routine vital sign checks should be performed at each examination. Furthermore, the most recent clinical date is approximately 6 months old. Therefore, without having a current comprehensive physical examination to include a thorough overview of the injured worker's vital signs, mainly his blood pressure, and a frequency and duration for the use of this medication, the continuation for the use of Motrin cannot be supported at this time. As such, the requested service is non-certified.