

<b>Case Number:</b>	CM13-0059388		
<b>Date Assigned:</b>	01/29/2014	<b>Date of Injury:</b>	12/13/2005
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2013

### 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 Occupational Medicine, 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 applicant is represented [REDACTED] employee who has filed a claim for knee and leg arthritis reportedly associated with an industrial injury of December 13, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; an electrical stimulator device; transfer of care to and from various providers in various specialties; an MRI imaging of the knee of June 19, 2013, notable for degenerative changes; and Synvisc injections. In a utilization review report dated October 21, 2013, the claims administrator partially certified a request for Motrin, stating that the reduce doses are more in line with MTUS recommendations. The applicant's attorney subsequently appealed. In an appeal letter date February 21, 2014, the attending provider noted that the applicant was off of work. The attending provider seeming set-forth request for a variety of agents, including Motrin and Flexeril. The attending provider stated that Motrin at the proposed dose was beneficial here, as was the electrical stimulation device also being sought. In a progress note dated January 22, 2014, the applicant was described as off of work, on total temporary disability. The applicant was taking Motrin twice daily, it was stated. The applicant's knee complaints were reportedly improved following a Synvisc injection therapy. The applicant seemingly had an operating diagnosis of knee arthritis. There was no specific mention of medication efficacy on this date. In an earlier note of December 10, 2013, the applicant was again placed off of work, on total temporary disability. Additional acupuncture was sought. The attending provider again stated that the applicant was using Motrin, Axid, and Flexeril on this date. The attending provider asked the applicant to continue with each of the same. Again, there was no mention of medication efficacy raised. An earlier note of November 26, 2013, the applicant was again placed off of work, on total temporary disability, while Motrin, Axid, and Flexeril were renewed. The applicant was given a Synvisc injection. It was stated that Axid was helping with acid reflux, presumably caused by Motrin.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**60 Motrin 800mg, 1 twice a day:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69, 7.

**Decision rationale:** As noted on page 69 of the MTUS Chronic Pain Medical Treatment Guidelines, an option in applicants who experience NSAID-induced dyspepsia is to discontinue the offending NSAID. In this case, the applicant is in fact having ongoing issues with dyspepsia, presumably NSAID-induced. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines further states that it is incumbent upon the treating provider to discuss medication efficacy in his choice of medications and choice of recommendations. In this case, however, the attending provider has not discussed, raised, or mentioned medication efficacy on any recent progress note provided. The fact that the applicant remains off of work, on total temporary disability, is also receiving a variety of injections, taken together, implies that ongoing usage of ibuprofen has been unsuccessful in terms of the functional improvement parameters established in MTUS 9792.20f. Therefore, the request is not medically necessary.